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| School District Naloxone Administration Report Form | |
| **Demographics** | |
| District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Jr/High School  Middle School  County:  Chelan  Douglas  Grant  Okanogan  Age: \_\_\_\_\_\_ Status:  Student  Staff  Visitor Gender:  M  F  Transgender or Gender Nonconforming (TGGNC)  Ethnicity: Spanish/Hispanic/Latino/a:  Yes  No    Race:  American Indian/Alaska Native   Black or African American  Asian    Native Hawaiian/Other Pacific Islander  White   Other | |
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| **Observed Signs of Overdose (Check all that apply)** | |

Blue / ashy lips  Blue / ashy fingernail beds  Infrequent, shallow breathing  Absence of breathing

Pale, clammy skin  Slow / irregular pulse  Extreme sleepiness  Pinpoint pupils

Deep snoring / gurgling / choking sounds  Unconscious / Unable to wake  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Suspected Overdose on What Drugs?** |
| Heroin  Benzos/Barbiturates  Cocaine/Crack  Alcohol  Oxycodone / Hydromorphone / Oxymorphone    Methadone  Fentanyl  Suboxone  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know |
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| **Naloxone Administration** |

Date of occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vital signs: BP\_\_\_\_\_/\_\_\_\_ Temp \_\_\_\_\_\_ Pulse \_\_\_\_\_\_\_\_\_\_ Respiration \_\_\_\_\_\_\_\_\_

Location where person was found:

Classroom  Cafeteria  Health Office  Playground  Bus  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How was the naloxone given:  Injected into muscle  Sprayed into nose

Naloxone lot #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Naloxone administered by: (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was this person formally trained?  Yes  No  Don’t know

Parent notified of naloxone administration: (time)

Was a second dose of naloxone required?  Yes  No  Unknown

If yes, was that dose administered at the school prior to arrival of EMS?  Yes  No  Unknown

Approximate time between the first and second dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Naloxone lot #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Response to Naloxone** |
| Combative  Responsive/Angry  Responsive but sedated  Responsive and alert  No response to naloxone |
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| **Post-Naloxone Observations (Check all that apply)** | |
| None  Seizure  Vomiting  Difficulty breathing  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| **Other Actions Taken (Check all that apply)** | |
| Sternal rub  Recovery position  Rescue breathing  Chest compressions  Automatic defibrillator  Yelled  Shook the person  Oxygen  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Disposition** |
| EMS notified at: (time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Transferred to ER:  Yes  No  Unknown (Chelan-Douglas County: EMS to complete CDHD Naloxone Report Form)  If yes, transferred via:  Ambulance  Parent/Guardian  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent:  At school  Will come to school  Will meet student at hospital  Other:  Hospitalized:  Yes  If yes, discharged after \_\_\_\_\_\_\_\_\_ days  No  Name of Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Student/Staff/Visitor Outcome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **School Follow-Up** |
| Did a debriefing meeting occur?  Yes  No    Recommendation for changes:  Protocol change  Policy change  Educational change  Information sharing  None |

Comments (include names of school staff, parent, others who attend debriefing): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form Completed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Administrator Notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Nurse Notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Phone Number: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_   
School Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_