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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  |
|  |
| **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 |
|   |
| **Post-Naloxone Observations (Check all that apply)**  |
|  [ ]  None [ ]  Seizure [ ]  Vomiting [ ]  Difficulty breathing [ ]  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_