



PUBLIC SAFETY/LAW ENFORCEMENT ANNUAL NALOXONE PROGRAM DATA AND UPDATE REPORT

JANUARY 1, _____ TO DECEMBER 31, _____

| SERVICE PROVIDER | | | | NALOXONE PROGRAM COORDINATOR | | | |
|------------------|-----------------|-------------|---------------------|------------------------------|---------|----------------------------|-------------------|
| ADDRESS | | | CITY | | ZIP | PHONE# | |
| FAX# | | EMAIL | | PROGRAM INSTRUCTOR | | | |
| EMAIL | | | NALOXONE BRAND NAME | | | | |
| DATE | INCIDENT NUMBER | INDICATIONS | AMOUNT ADMINISTERED | RESPONSE TO NALOXONE | AED/CPR | PERSONNEL WHO ADMINISTERED | PATIENT TRANSPORT |
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TOTAL NALOXONE KITS ORDERED: _____ TOTAL NALOXONE KITS USED: _____ TOTAL NALOXONE KITS EXPIRED: _____

TOTAL NALOXONE KITS DISPOSED: _____

Please document the requested information on all patients that meet the County of San Luis Obispo criteria for Naloxone administration as the incidents occur throughout the year.