Attachment C

PUBLIC SAFETY/LAW ENFORCEMENT NALOXONE USE FORM

DATE	INCIDENT#	AGENCY	RESPONDING UNIT
PATIENT NAME			AGE ☐ MALE ☐ FEMALE
INCIDENT LOCATION		DISPATCH TIME	PATIENT CONTACT TIME

INDICATIONS:

- ☐ DECREASED RESPIRATIONS
- ☐ ALTERED LEVEL OF CONSCIOUSNESS
- ☐ SUSPICIOUS CIRCUMSTANCE FOR OPIOID USE
- ☐ OTHER: _____

BREATHING	NOT BREATHING
RESCUE BREATHS GIVEN: ☐ YES ☐ NO	CPR ADMINISTERED: ☐ YES ☐ NO
TIME NALOXONE ADMINISTERED: _____	AED APPLIED: ☐ YES ☐ NO *IF YES, COMPLETE AED USE FORM*
AMOUNT GIVEN: _____ MG	VENTILATIONS PERFORMED: ☐ YES ☐ NO
RESPONSE: ☐ IMPROVED ☐ DECLINED ☐ NO RESPONSE	TIME NALOXONE ADMINISTERED: _____
	AMOUNT GIVEN: _____ MG
	RESPONSE: ☐ IMPROVED ☐ DECLINED ☐ NO RESPONSE

PATIENT TRANSPORTED: ☐ YES ☐ NO

BYSTANDER NALOXONE ADMINISTRATION: ☐ YES ☐ NO

PRESUMED SUSPECT AGENT/DRUG:_____

COMMENTS:

This report must be returned to the EMS Agency by the 15th day of the month following the date of the call.

COMPLETED BY PRINT NAME	COMPLETED BY SIGNATURE

Submit this document with to: County of San Luis Obispo EMS Agency, 2995 Mcmillan Ave, Ste 178 San Luis Obispo, CA Fax: (805)788-2517