



Law Enforcement Naloxone Utilization

*Please submit to reports@ems.sccgov.org within four (4) days or 96 hours for each naloxone administration

Date of Incident:	Time On Scene:			Date of submission to EMS:	
Law Enforcement Agency Name:					
Law Enforcement Officer Name:					
Location of Incident:					
Street Address:					
Nature of Incident:					
Patient's Name (if known):	Patient's Age		Patient's Gender		
Was Patient conscious?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Comments:
Was Patient breathing?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Comments:
Did Patient have a pulse?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Comments:
Was CPR performed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Comments:
Was an AED used?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Comments:
Was Naloxone administered?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Comments:
Was Patient transported?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Comments:
Report given to EMS?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Comments:
Time of administration of 1st Dose:					
Patient Response:					
Time of administration of 2nd Dose:					
Patient Response:					
Time of administration of 3rd Dose:					
Patient Response:					
Time of EMS Arrival:					
How was it determined the patient was suspected of an opiate overdose?					