

Date (MM/DD/YY): ____/____/____ Name of staff/volunteer who administered Naloxone: _____
 Organization/Building name: _____
 City: _____ Zip Code: _____ Kit #: _____

OVERDOSE RESCUE NALOXONE ADMINISTRATION FORM

1. Who experienced the overdose? (Check only one.)

Student Staff Volunteer Customer/Client Visitor Other (please specify): _____

2. What is the approximate age of the person who overdosed?

Under 13 13-14 15-17 18-20 21-29 30-44 45-60 61 or older

3. What is the gender of the person who overdosed?

Male Female Transgender

4. Where did the person overdose? Specify ONE location from the options provided under 4a, 4b, or 4c.

a. On the property, inside the building?

Bathroom Classroom/work space Cafeteria/dining room/designated eating area
 Indoor gym/athletic area Front office/lobby Other (specify): _____

b. On the property, outside the building?

Bus/van or rideshare area Playground Green space (lawn, garden, etc.)
 Parking lot Patio/picnic area Other (specify): _____

c. Off the property?

Public bus/bus stop Nearby street/sidewalk Off-property green space (park, open lot, etc.)
 Public parking lot Other (specify): _____

Patient Condition

5. INITIAL ASSESSMENT – Before Naloxone

Pulse: Present Absent
Breathing:
 Normal Shallow/Labored
 Less than 8 breaths per minute Absent
Mental Status:
 Alert Unresponsive to verbal or physical stimulus
 Hysterical Combative
Speech: Silent
 Normal Coherent Incoherent Slurred
Skin: Warm Cool Cold
Skin Color: Normal Cyanotic (Blue) Pale
Eyes: Normal Pinpoint pupils

6. POST NALOXONE ASSESSMENT – After Naloxone

Pulse: Present Absent
Breathing:
 Normal Shallow/Labored
 Less than 8 breaths per minute Absent
Mental Status:
 Alert Unresponsive to verbal or physical stimulus
 Hysterical Combative
Speech: Silent
 Normal Coherent Incoherent Slurred
Skin: Warm Cool Cold
Skin Color: Normal Cyanotic (Blue) Pale
Eyes: Normal Pinpoint pupils

7. How many doses of naloxone did you give? One Two

Time of 1st Dose: _____ (Circle: am / pm) R Nostril L Nostril Not Indicated

Condition: Improved Worsened Unchanged Expired

Time of 2nd Dose: _____ (Circle: am / pm) R Nostril L Nostril Not Indicated

Condition: Improved Worsened Unchanged Expired

8. Procedures Performed Called 911 (Time: _____ Circle: am / pm) Sternal rub Recovery Position

Rescue Breathing CPR AED Other (specify): _____

9. Was the individual transferred to the ER? Yes No Unknown

If yes, transferred via: Ambulance Parent/Guardian Other (specify): _____

10. Was an emergency contact notified? Yes No Unknown

11. What drug(s) had they taken? (Only check the drugs you are sure they took.)

Heroin Methadone Other opioid (Oxycontin/Oxycodone, Vicodin, etc.) Cocaine Marijuana
 Methamphetamine Alcohol Don't know Other (specify): _____

Scan and send only front of form to:

Overdose Prevention Program

Email: Ashley.nettles@ventura.org | Phone: 806-981-8660

OVER if Naloxone was administered at a school



Follow-up Date (MM/DD/YY): ____/____/____
Name of staff person following-up on overdose event: _____ Contact number: _____
School name: _____ School district: _____

NALOXONE ADMINISTRATION FORM – SCHOOL USE

If you used naloxone at a school or school-related event, please answer the following questions.

12. Demographic information of person who overdosed

Name of person who overdosed: _____ Person's Date of Birth (MM/DD/YY): ____/____/____

Type of person:

Student Grade level: _____ Staff Visitor Volunteer

Other (specify): _____

13. Follow-up done with:

Parent/guardian

Extended family member (specify relation): _____

Outside agency contact (specify agency): _____

Other contact (specify relation): _____

14. Name and contact information of follow-up person:

Follow-up person's name: _____ Contact number: _____

15. Was the person who overdosed present during the follow-up? Yes No

16. Notes (please include the recommendation provided for assessment and treatment for drug-related problems, if applicable):

Signature of Qualified Supervisor of Health/Administrator: _____ Date: _____

Scan and send front and back of form to:

Ventura County Office of Education

Comprehensive Health and Prevention Services

5100 Adolfo Road

Camarillo, CA 93012

Email: daanderson@vcoe.org | Fax: 805-437-1515 | Phone: 805-437-1370