

San Leandro Police Department Intranasal Narcan (Naloxone) Usage Report

Date:	<i>(Circle One)</i> Citizen / Officer	Time of Arrival:	Case Number:
Location of Incident (Number, Street, Business):		Name of Police Officer Administering:	
Name of Victim:	Address: (no., street, city/town, state)	D.O.B:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk.
Victim status prior to administering Intranasal Narcan: (Check one in each section)			
Level of consciousness-Victim responds to: <input type="checkbox"/> Alert <input type="checkbox"/> Verbal Stimulus <input type="checkbox"/> Painful Stimulus <input type="checkbox"/> Unresponsive <input type="checkbox"/> Other:(specify)_____			
Breathing: <input type="checkbox"/> Rapidly (>24 BPM) <input type="checkbox"/> Slowly (<10 BPM) <input type="checkbox"/> Normally (12-20 BPM) <input type="checkbox"/> Not Breathing			
Pulse: <input type="checkbox"/> Rapid (>100) <input type="checkbox"/> Slow (<60) <input type="checkbox"/> Normal (60-100) <input type="checkbox"/> No Pulse <input type="checkbox"/> Did not check pulse			
Constricted Pupils (Pinpoint): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Indicators:_____			
Evidence of Opioid Usage: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify below in comments		If drug packages found at scene, describe stamp or marking:	
Victim overdosed on what drugs? (Check all that apply)			
<input type="checkbox"/> Heroin <input type="checkbox"/> Morphine <input type="checkbox"/> Codeine <input type="checkbox"/> Methadone <input type="checkbox"/> Suboxone <input type="checkbox"/> Unknown Pills <input type="checkbox"/> Unknown Injection <input type="checkbox"/> Fentanyl <input type="checkbox"/> Prescription Medication <input type="checkbox"/> Unknown <input type="checkbox"/> Other: (specify)_____			
Time Intranasal Narcan was administered:	Number of vials of Intranasal Narcan used: <input type="checkbox"/> Half <input type="checkbox"/> One <input type="checkbox"/> Two		
If Narcan worked, how long did Intranasal Narcan take to work?			
<input type="checkbox"/> Less than 1 minute <input type="checkbox"/> 1-3 minute(s) <input type="checkbox"/> 3-5 minutes <input type="checkbox"/> more than 5 minutes <input type="checkbox"/> Unknown <input type="checkbox"/> Did not work			
Victim's response to Intranasal Narcan being administered:			
<input type="checkbox"/> No Response to Narcan <input type="checkbox"/> Responsive but Sedated <input type="checkbox"/> Responsive and Alert <input type="checkbox"/> Responsive and Angry <input type="checkbox"/> Combative <input type="checkbox"/> Other:_____			
Post-Intranasal Narcan responses: (Check all that apply)			
<input type="checkbox"/> None <input type="checkbox"/> Opiate Withdrawal (e.g. nauseated, muscle aches, runny nose and/or watery eyes, shivering, and sweating) <input type="checkbox"/> Respiratory Distress <input type="checkbox"/> Seizure <input type="checkbox"/> Vomiting <input type="checkbox"/> Other: (specify)_____			
What else was done by the police officer? (check all that apply)			
<input type="checkbox"/> Verbal Stimulus <input type="checkbox"/> Tactile Stimulus <input type="checkbox"/> Recovery Position <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Mouth to Mask <input type="checkbox"/> Mouth to Mouth <input type="checkbox"/> Defibrillator: (If checked, indicate status of shock) <input type="checkbox"/> Defibrillator - no shock <input type="checkbox"/> Defibrillator - shock administered <input type="checkbox"/> Chest Compressions <input type="checkbox"/> Oxygen <input type="checkbox"/> Other: (specify)_____			
Was Intranasal Narcan administered by anyone else at the scene? <input type="checkbox"/> Yes (If yes, check all that apply) <input type="checkbox"/> No			
<input type="checkbox"/> EMS <input type="checkbox"/> Bystander <input type="checkbox"/> Other:(specify)_____			
Disposition: (check one)			
<input type="checkbox"/> Care transferred to EMS <input type="checkbox"/> Other (specify)_____			
Was a paramedic on scene prior to being transported? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did the person live? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Transported to which Hospital:		Transporting Ambulance:	
Comments: <input type="checkbox"/> Cross-referenced related case number: _____			

For Training Manager Use Only

Lot Number:

Expiration Date: