



LAW ENFORCEMENT ADMINISTRATION OF INTRANASAL NALOXONE (NARCAN) REPORT

Reporting Law Agency	Date
Officer Name	Time
Call Number	Responding Fire Dept.
Call Address	Responding Ambulance
Patient Name	Patient Date of Birth
Initial Assessment	
Awake? <input type="checkbox"/> Yes <input type="checkbox"/> No	Speech clear? <input type="checkbox"/> Yes <input type="checkbox"/> No
Approximate Breaths per Minute	
Treatment Provided	
Reposition Airway <input type="checkbox"/> Yes <input type="checkbox"/> No	Rescue Breathing <input type="checkbox"/> Yes <input type="checkbox"/> No
CPR <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer Naloxone <input type="checkbox"/> Yes <input type="checkbox"/> No
Other	
Assessment After Treatment	
Awake? <input type="checkbox"/> Yes <input type="checkbox"/> No	Speech clear? <input type="checkbox"/> Yes <input type="checkbox"/> No
Approximate Breaths per Minute	

After completing, email to Monterey County EMS Agency within 48 hours
 Email: EMSDutyOfficer@co.monterey.ca.us