

**Parma School District
Report of Naloxone Administration
(complete all sections)**

Student/Employee Demographics

School Name: _____ Student/Employee Name: _____

Age: _____ Grade: _____ Type of Person: Student Staff Visitor Volunteer Other

Gender: Male Female

Ethnicity: Spanish/Hispanic/Latino Yes No

Race: American Indian/Alaska Native African American/Black Asian White
 Native Hawaiian/other Pacific Islander Other _____

Signs of Overdose Present

Grey/pale skin Lips/finger tips blue Breathing slowly Shallow breathing Weak or absent pulse Slow pulse
 Unconscious Unresponsive Pinpoint pupils Limp body Loud snoring/gurgling Other _____

Suspected Overdose on What Drug(s)?			
Suspected Opioid		Substance Suspected in Combination with Opioid	
<input type="checkbox"/> Prescription opioid (specify if known): _____	<input type="checkbox"/> Codeine <input type="checkbox"/> Buprenorphine/Naloxone <input type="checkbox"/> Other (specify if known): _____	<input type="checkbox"/> Alcohol <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Barbiturates <input type="checkbox"/> Methamphetamines/speed	<input type="checkbox"/> Cocaine/crack <input type="checkbox"/> Other (specify if known): _____
<input type="checkbox"/> Heroin <input type="checkbox"/> Methodone	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know

Naloxone Administration Incident Reporting

Date of Occurrence: _____ Time of Occurrence: _____

Location where person was found:

- Classroom Cafeteria Health/Nurse's office Playground Restroom Gym Athletic field
 Other (specify): _____

Method of administration: Injected into muscle Sprayed into nose

Vital signs at time of administration (if administering personnel trained to take):

BP _____ / _____ Temp _____ Pulse _____ Respiration _____

Naloxone Administered by (Name): _____ Position Title _____

Was this person trained? Yes by: school nurse local or state health department other (specify): _____
 No Don't know

Dose Administration

Time dose #1 was administered: _____ Naloxone lot #: _____ Expiration Date: _____

If second dose administered, time of dose #2: _____ Naloxone lot #: _____ Expiration Date: _____

Was second dose administered at the school prior to arrival of EMS? Yes No Unknown

Person's Response to Naloxone

Responsive but sedated Responsive and alert No response

Post-Naloxone Observations (check all that apply)

- None Seizure Vomiting Difficulty breathing Agitation/Irritability Feeling of Withdrawal Upset
- Angry Combative Confused Other (specify): _____

What actions were taken prior to, during or after naloxone administration? (check all that apply)

- Asked loudly "Are you OK?" Firmly tapped or shook shoulders Sternal rub Called EMS/911 or instructed someone to call Recovery position Rescue breathing Oxygen Chest compressions CPR/AED Other (specify): _____
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Disposition

EMS/911 notified at (time): _____

Transported to Emergency Department: Yes No (provide reason): _____ Unknown

If yes, transported via: Ambulance Parent/guardian Other (specify): _____

If person was a student, when was the parent/guardian notified of naloxone administration (time and date): _____

Student/Staff/Visitor outcome: _____

School Follow-up

Yes No Parents/guardians advised to follow up with student's primary care or other health care provider

Yes No Employee advised to follow up with employee's primary care or other health care provider

Yes No Arrangements made to replace naloxone stock

Comments: _____

Form completed by: _____ Date: _____ Title: _____

Signature: _____

Phone #: _____ Email: _____ School Name: _____

Reviewed by: _____ Date: _____ Title: _____

Signature: _____