

**Naloxone Administration Data Collection Tool**

**Instructions:** This form should be filled out every time naloxone is administered. Please give to the EMS provider to include in their medical record. If unable to give to EMS, enclose in an envelope marked "CONFIDENTIAL" and mail to:

Care of Bureau Chief  
Bureau of EMS and Trauma System  
150 N. 18<sup>th</sup> Avenue, Suite 540  
Phoenix, AZ 85007-3248

**Date naloxone administered** ( \_\_/\_\_/\_\_ ) DD/MM/YYYY

**Time naloxone administered** ( \_\_:\_\_ ) military time

**Location**

Street \_\_\_\_\_

Apt \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**Gender** M  F  Other

**Estimated patient age:** \_\_\_\_\_ years

**What drug** do you think caused the overdose? \_\_\_\_\_

**Which of these conditions was present?**

Pale clammy skin  Very infrequent or no breathing

Deep snoring or gurgling  Not responsive to stimuli

Slow heart beat or pulse  Blue lips or fingertips

**How many doses of naloxone were given?**

1  2  More

**How was the naloxone given?**

Auto injector  Nasal Spray

If Auto injector, where administered? \_\_\_\_\_

**What was the patient's response to the naloxone?**

No response  Woke up partially

Woke up fully  Woke up, got worse again

**What happened to the patient?**

Stayed in same location  Jail  Other

EMS transport  Eloped  DOA

**Law Enforcement Agency Name:** \_\_\_\_\_

**Law Enforcement Incident #:** \_\_\_\_\_

**EMS Agency Name:** \_\_\_\_\_

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