

CAD Incident No. _____ Patient Care Record No. _____

Check the box that applies for each usage:		
Epinephrine via auto injector		
Weight:	Age:	Dose:
Observations of the patient prior to epinephrine being administered: Moderate: <input type="checkbox"/> Hives <input type="checkbox"/> Rash <input type="checkbox"/> Bronchospasm <input type="checkbox"/> Wheezing <input type="checkbox"/> Nausea Severe: <input type="checkbox"/> Respiratory Distress <input type="checkbox"/> Chest tightness <input type="checkbox"/> Difficulty swallowing <input type="checkbox"/> Altered mental status <input type="checkbox"/> Signs of shock		
Observations after epinephrine was administered: <input type="checkbox"/> Complete relief of symptoms <input type="checkbox"/> Partial relief of symptoms <input type="checkbox"/> No relief of symptoms		
Naloxone		
Observations of the patient prior to naloxone being administered: <input type="checkbox"/> Semi-conscious <input type="checkbox"/> Unconscious <input type="checkbox"/> Unresponsive to verbal and physical stimulus <input type="checkbox"/> Shallow or depressed rate of respirations <input type="checkbox"/> Pale/clammy skin color <input type="checkbox"/> Constricted pupils		
Observations after naloxone was administered: <input type="checkbox"/> Patient regained consciousness <input type="checkbox"/> Patient remained unconscious upon arrival of fire/paramedics <input type="checkbox"/> Breathing improved (Deeper and more frequent than before naloxone) <input type="checkbox"/> Breathing did not improve <input type="checkbox"/> Patient's skin color returned to normal <input type="checkbox"/> Patient was agitated <input type="checkbox"/> Patient was combative (Explain in PCR) <input type="checkbox"/> Patient was determined to be suffering from other medical issue (Explain in PCR)		
Aspirin		
Observations of the patient prior to aspirin being administered: <input type="checkbox"/> Chest pain <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Dizziness <input type="checkbox"/> Palpitations <input type="checkbox"/> Indigestion		
Observations after aspirin being administered: <input type="checkbox"/> Allergic reaction <input type="checkbox"/> Nausea		
San Joaquin County EMS Agency Use Only:		
Date Received:		Initials: