

San Joaquin County Law Enforcement

NARCAN (Naloxone) Use Report

Date _____ Unit _____ URN or Tag # _____

Location of Occurrence: _____

Patient Information

Gender: _____ Race: _____ D.O.B. _____
Last Name First Middle

Residential Address (if known) City State Zip

Observations of the patient prior to Narcan being administered:

- Semi-conscious Unconscious Unresponsive to verbal and physical stimulus
- Shallow or depressed rate of respirations Pale/clammy skin color Constricted pupils
- Injuries observed (explain in narrative)

Administration of Narcan:

Time Narcan (4mg) was delivered in the nostril _____ Time of additional 4mg dose(s) _____

Observations after Narcan was administered:

- Patient regained consciousness prior to arrival of fire/paramedics. If so, what time _____
- Patient remained unconscious upon arrival of fire/paramedics.
- Breathing improved (deeper and more frequent than before Narcan) Breathing did not improve
- Patient's skin color returned to normal Patient was agitated Patient was combative (explain)
- Patient was determined to be suffering from other medical issue (explain)

Patient care transferred to after Narcan administration:

- AMR Manteca District Ambulance Escalon Ambulance Ripon Fire Ambulance

Name of paramedic/EMT accepting patient: _____

- Transported by LE to Hospital: _____ Refused Medical Care or Transport

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Narrative: (describe other observations, actions taken, patient status, etc.) - Reportable Force Used

Reporting Deputy/Officer _____ Emp. # _____ Reviewing Supervisor _____ Emp. # _____