

**Aberdeen 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"/> Heroin <input type="checkbox"/> Methodone	<input type="checkbox"/> Codeine <input type="checkbox"/> Buprenorphine/Naloxone <input type="checkbox"/> Other (specify if known): _____ <input type="checkbox"/> Don't know	<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"/> 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): \_\_\_\_\_

**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: \_\_\_\_\_