

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT NARCAN (Naloxone) Use Report

Date _____ Station _____ RD _____ URN or Tag _____

Location of Occurrence: _____

Patient Information

For purposes of this form, the patient information is privileged, confidential, and/or protected health information (PHI) and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA).

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

Residential Address (if known) _____ City _____ State _____ Zip _____

Observations of the patient prior to Narcan being administered:

- Semi-conscious Unconscious (breathing) Unresponsive to verbal/physical stimulus
(not breathing)

Indications of Opioid Overdose:

- Objective Symptoms Visible Contraband Statements of drug use by patient/family or informant
Suspected Opioid: Heroin Fentanyl Prescription Pills Unknown Other: _____

Administration of Narcan:

The time Narcan was first administered: _____ Total number of 4mg dose(s) administered: _____

Observations after Narcan was administered:

- Patient's condition improved with use of Narcan only.
 Patient's condition improved with use of Narcan and CPR/First Aid.
 Patient's condition remained the same. Patient's condition remained the same (deceased).
 Patient was determined to be suffering another medical issue .

Medical Care after Narcan was administered:

- Los Angeles County Fire Department Other Fire Dept./Ambulance _____

Engine or Squad # _____ Captain or Paramedic _____

Transported to Hospital: _____ Refused Medical Care or Transport

- Substance abuse pamphlet made available to patient/family.

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A narrative is not required. Make any necessary notations on MDC call clearance or SH-R-49.

Reporting Deputy _____ Employee # _____ Unit _____ Supervisor review is not required
prior to submitting this report.