



Form: 920

Rev. 10/2017

**PUBLIC SAFETY FIRST RESPONDER  
ADMINISTRATION OF INTRANASAL NALOXONE (NARCAN) REPORT**

Reporting Agency	Date
First Responder's Name	Time
Location/Address of service	Responding Ambulance Unit #
Patient Name	Patient Date of Birth

**INITIAL ASSESSMENT**

Unresponsive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Breathing? <input type="checkbox"/> Yes <input type="checkbox"/> No If breathing, approx. breaths per minute _____
Description of Initial Findings (e.g. Blue skin, pulse/no pulse, etc.)	

**TREATMENT PROVIDED**

Reposition Airway <input type="checkbox"/> Yes <input type="checkbox"/> No	Rescue Breathing <input type="checkbox"/> Yes <input type="checkbox"/> No
CPR <input type="checkbox"/> Yes <input type="checkbox"/> No	Other
Amount of Naloxone administered	

**ASSESSMENT AFTER TREATMENT**

Responsive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Speech Clear? <input type="checkbox"/> Yes <input type="checkbox"/> No
Approximate Breaths per Minute	Other

**Within 24 hours of administering Narcan, please email the completed form to the San Benito EMS Agency at [kmangano@cosb.us](mailto:kmangano@cosb.us).**