



Yolo County Emergency Medical Services Agency
Service Provider

Revised Date: September 1, 2018

**EPINEPHRINE AUTO-INJECTOR AND NALOXONE (NARCAN)
ADMINISTRATION FORM**

Date: _____ Agency: _____

Incident Location: _____

Patient Initials: _____ DOB: _____ Male Female

Assessment

Epinephrine Auto-Injector

Naloxone (Narcan)

Signs and Symptoms

Post Administration Assessment

Signs and Symptoms

Post Administration Assessment

Adult Dose

Pediatric Dose

Did patient require 2nd dose of Narcan Yes No

- Difficulty speaking or swallowing
- Difficulty breathing
- Hives/rash/swelling
- Flushed or pale skin
- Rapid weak pulse
- Blood pressure < 90 mmHg

- Improved speaking or swallowing
- Decrease in difficulty breathing
- Improved skin signs
- Improved pulse
- Improved blood pressure

- No painful stimuli
- Respirations irregular or absent
- Pupils "pinpoint" and non-reactive
- Pale or cyanotic skin
- Slow pulse
- Blood pressure < 90 mmHg

- Increased level of consciousness
- Increased respiratory rate
- Pupils reactive
- Improved skin signs
- Improved pulse
- Improved blood pressure

Administration Times:

Epinephrine: _____

Narcan 1st Dose: _____

Narcan 2nd Dose: _____

Additional Information: _____

Transfer Agency Unit #: _____

Transfer of Care Time: _____

Form Completed by: _____

Signature _____

Date _____