



Yolo County Emergency Medical Services Agency
Public Safety

Revised Date: September 1, 2018

PUBLIC SAFETY NALOXONE (NARCAN) ADMINISTRATION FORM

Date:	Agency:	
Incident Location:		
Patient Initials:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Assessment		
Signs & Symptoms	Post Administration Assessment	
<input type="checkbox"/> No response to pain <input type="checkbox"/> Breathing irregular or absent <input type="checkbox"/> Pupils "pinpoint" and non-reactive <input type="checkbox"/> Pale or blue skin <input type="checkbox"/> Slow pulse	<input type="checkbox"/> Increased level of consciousness <input type="checkbox"/> Increased breathing rate <input type="checkbox"/> Pupils reactive <input type="checkbox"/> Improved skin signs <input type="checkbox"/> Improved pulse	
Administration Time:		
Additional Information:		
Ambulance Unit #:	Paramedic Name:	

Form Completed by: _____

Signature

Date