This is a CONFIDENTIAL REPORT for use by Los Angeles Unified School district attorneys and the Office of Risk Management. No copies of this report shall be furnished to anyone including employees, students, or parents without permission from the Office of the General Counsel.

REPORT OF NALOXONE ADMINISTRATION

Demographics and Health History

Name of Person: _____ Age: _____ Date: _____

School/Site: _____ Location: _____

Type of Person: ☐ Student ☐ Staff ☐ Visitor Gender: ☐ M ☐ F ☐ Non-binary

Ethnicity Description: Spanish/Hispanic/Latino Origin ☐ Yes (if yes, see below) ☐ No ☐ Unknown

Spanish/Hispanic/Latino Origin

☐ Argentinian ☐ Colombian ☐ Costa Rican ☐ Cuban ☐ Honduran ☐ Guatemalan ☐ Hispanic, Latino/Spanish Origin

☐ Mexican, Mexican American, Chicano ☐ Nicaraguan ☐ Panamanian ☐ Peruvian ☐ Puerto Rican ☐ Asian

☐ Salvadorian ☐ Other South American ☐ Other ☐ Unknown

Race/Nationality Description:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other ☐ Unknown

Signs of Overdose Present

☐ Blue lips ☐ Breathing slowly ☐ Shallow breathing ☐ Slow pulse ☐ Unresponsive

☐ Weak pulse ☐ Other (specify) _____

_____

Suspected Overdose on What Drugs?

☐ Heroin ☐ Benzos/Barbituates ☐ Cocaine/Crack ☐ Alcohol

☐ Methadone ☐ Suboxone ☐ Unknown ☐ Other (specify) _____

Naloxone Administration Incident Reporting

Date of occurrence: _____ Time of occurrence: _____

Vital signs: BP_____/____ Temp _____ Pulse _____ Respiration _____

Location where student was found:

☐ Classroom ☐ Cafeteria ☐ Health Office ☐ Playground ☐ Bus ☐ Other (specify): _____

How was the naloxone given: ☐ Injected into muscle ☐ Sprayed into nose

Naloxone lot #: _____ Expiration date: _____

Naloxone administered by: (Name) _____

Was this person formally trained? ☐ Yes ☐ No ☐ Don't know

Parent notified of naloxone administration: (time) _____

Was a second dose of naloxone required? ☐ Yes ☐ No ☐ Unknown

- If yes, was that dose administered at the school prior to arrival of EMS? ☐ Yes ☐ No ☐ Unknown
- Approximate time between the first and second dose: _____

Naloxone lot #: _____ Expiration date: _____

Person's Response to Naloxone

☐ Combative ☐ Responsive/Angry ☐ Responsive but sedated ☐ Responsive and Alert

☐ No response to naloxone

Post-Naloxone Observations (Check all that apply)

☐ None ☐ Seizure ☐ Vomiting ☐ Difficulty breathing ☐ Other (specify): _____

Other Actions Taken

☐ Sternal rub ☐ Recovery position ☐ Rescue breathing ☐ Chest compressions

☐ Automatic defibrillator ☐ Yelled ☐ Shook the person ☐ Oxygen

☐ Other (specify): _____

Disposition

EMS notified at: (time) _____

Transferred to ER: ☐ Yes ☐ No ☐ Unknown

If yes, transferred via: ☐ Ambulance ☐ Other: _____

Parent: ☐ At school ☐ Will come to school ☐ Will meet student at hospital ☐ Other: _____

Hospitalized: ☐ Yes ☐ If yes, discharged after _____ days ☐ No

Name of hospital: _____

Student/Staff/Visitor outcome: _____

Comments

_____

_____

_____

_____

Form completed by: _____ Date: _____

Signature: _____ Title: _____

Phone number: (_____) _____ - _____ Ext.: _____

School/Site:

_____

School/Site Address:

_____

_____

Fax completed form to District Nursing at (213) 580 - 6557 for distribution to authorized District representatives.