

# SAN FERNANDO POLICE DEPARTMENT

## NARCAN (Naloxone) Use Report

Date \_\_\_\_\_ For further details refer to DR # \_\_\_\_\_ ☐ Reportable Force Used

Location of Occurrence: \_\_\_\_\_

### Patient Information

*This patient information is privileged and 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).*

\_\_\_\_\_ Gender: \_\_\_\_ Race: \_\_\_\_ D.O.B. \_\_\_\_\_  
Last Name First Middle

\_\_\_\_\_ Residential Address (if known) City State Zip

### Observations of the patient prior to Narcan being administered:

- ☐ Semi-conscious ☐ Unconscious ☐ Unresponsive to verbal and physical stimulus  
☐ Shallow or depressed rate of respirations ☐ Pale/clammy skin color ☐ Constricted pupils  
☐ Injuries observed (explain in narrative)

### Administration of Narcan:

Administering Officer Last names/ID#'s: \_\_\_\_\_

Time Narcan (4mg) was delivered in the nostril \_\_\_\_\_ Time of additional 4mg dose(s) \_\_\_\_\_

Used Narcan Number(s): \_\_\_\_\_

### Observations after Narcan was administered:

- ☐ Patient regained consciousness prior to arrival of fire/paramedics. If so, what time \_\_\_\_\_  
☐ Patient remained unconscious upon arrival of fire/paramedics.  
☐ Breathing improved (deeper and more frequent than before Narcan) ☐ Breathing did not improve  
☐ Patient's skin color returned to normal ☐ Patient was agitated ☐ Patient was combative (explain)  
☐ Patient was determined to be suffering from other medical issue (explain)

### Medical Care after Narcan was administered:

☐ Los Angeles Fire Department ☐ Other Fire Dept./Ambulance \_\_\_\_\_

Engine # \_\_\_\_\_ Paramedic Name \_\_\_\_\_ ID # \_\_\_\_\_

Transported to Hospital: \_\_\_\_\_ ☐ Refused Medical Care or Transport

\_\_\_\_\_  
Reporting Officer ID #

\_\_\_\_\_  
Approving Supervisor ID #