



# KERN COUNTY SHERIFF'S OFFICE NALOXONE DEPLOYMENT REPORTING FORM

Assignment :		Case #:					
Date of Overdose:	Time of Overdose:	hours	Victim Contact Time: hours				
Victim's Name:		Victim's Date of Birth:	Victim's Age:				
Race Ethnicity:	White	Black	Hispanic	Asian Indian	American Indian	Pacific Islander	Other
Gender of the person who overdosed:	Male	Female	Unknown				
Address where overdose occurred (including Zip Code)							

## SIGNS OF OVERDOSE PRESENT (Check all that apply)

Unresponsive	Respirations <8 min.	Not Breathing	Blue lips	Pinpoint Pupils
Slow pulse	No pulse	Drug paraphernalia Located		Blue nails

## DETAILS OF NALOXONE DEPLOYMENT

Time Naloxone was given:	hours	Number of doses:	Did Naloxone work:	Yes	No	Not sure
If yes, how long did it take to work:	< 1 min	1-3 min	3-5 min	> 5 min	Don't know	
Patients response to Naloxone:	Responsive and alert	Breathing improved	No response to Naloxone			
Post Naloxone withdrawal symptoms: (Check all that apply)	None	Irritable or Angry	Combative	Vomiting		
		Other (Specify):				
Did the person survive?	Yes	No				
What else was done: (Check all that apply)	Physical stimuli	Recovery position	Rescue breathing	Chest Compressions		
	AED	Verbal stimuli	Oxygen	Law Enforcement Naloxone	EMS Naloxone	
	Bystander Naloxone	Other (Specify):				

Disposition:	Care Transferred to EMS:	Yes	No	EMS Unit Number:
Naloxone Information:	Lot #:	Expiration date:		

Synopsis (Bystander Statement/patient statement):

Deputy Name / CAD_ID	Signature	Date of Report

This form shall be attached to the Code 8 and emailed to Sergeant Costello and Senior Detentions Deputy Frank by the end of your shift.