



S-SV EMS Law Enforcement Naloxone Utilization Patient Care Report



Law Enforcement Agency Information			
Agency Name:			
Incident Date:		Event/Report #:	
Dispatch Time:		On Scene Time:	
Incident Location (including city):			
Patient Information			
Patient Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	DOB:
Indication/Presenting Patient Condition:			
Naloxone Administration Detail			
Time:		Dose:	
Time:		Dose:	
Patient Response To Naloxone Administration: <input type="checkbox"/> Improved <input type="checkbox"/> Unchanged <input type="checkbox"/> Worse			
Additional Notes/Comments/Complications:			
EMS Provider/Agency Assuming Patient Care:			
Treating Officer Name:			Badge/Unit #

Please submit a copy of the completed report to the S-SV EMS Agency

Email: john.poland@ssevms.com or Fax: (916) 625-1720