



# 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:			
Patient Information			
Patient Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:      DOB:
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			
EMS Provider/Agency Assuming Patient Care:			
Treating Officer Name:		Badge/Unit #	

Please submit reports to the S-SV EMS Agency using one of the following methods:

Address: 535 Menlo Drive, Suite A, Rocklin, CA 95765

Email: [info@ssvems.com](mailto:info@ssvems.com) or Fax: (916) 625-1720