

Maryland State Department of Education (MSDE) – School Health Services Form

Report of Naloxone Administration

Student Demographics and Health History

Local Education Agency (School system): _____

Name of School: _____

Person's Age: _____ Grade _____ Type of Person: Student Staff Visitor Volunteer Other _____

Gender (Check all that apply): M F Transgender Other _____

Ethnicity: Spanish/Hispanic/Latino: Yes No

Race: American Indian/Alaskan Native African American/Black Asian
 Native Hawaiian/other Pacific Islander White Other Races(s)

Signs of Overdose Present

Grey/pale skin Lips/finger tips blue Breathing slowly Shallow breathing Weak or absent pulse Slow pulse

Unconscious Unresponsive Pinpoint pupils Limp body Loud snoring/gurgling Other (specify) _____

Suspected Overdose on What Drug(s)?

Suspected Opioid		Substance suspected in combination With opioid	
<input type="checkbox"/> Prescription Opioid (for pain): Specify if known: _____ <input type="checkbox"/> Heroin <input type="checkbox"/> Methadone <input type="checkbox"/> Buprenorphine	<input type="checkbox"/> Codeine <input type="checkbox"/> Buprenorphine/Naloxone <input type="checkbox"/> Don't Know <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Alcohol <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Barbiturates <input type="checkbox"/> Methamphetamines/speed	<input type="checkbox"/> Cocaine/crack <input type="checkbox"/> Don't Know <input type="checkbox"/> Other (specify) _____

Naloxone Administration Incident Reporting

Date of occurrence: _____ Time of occurrence: _____

Vital signs (if trained to take): BP _____/_____/_____ Temp _____ Pulse _____ Respiration _____

Location where person was found:

Classroom Cafeteria Health Office Playground Bus Lavatory Gym

Other (specify): _____

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

Naloxone administered by: (Name) _____ Position Title _____

Was this person trained? Yes by: school nurse Local Health Department Other (specify): _____

No Don't know

Dose Administration

Time dose #1 was administered _____

Naloxone lot #: _____ Expiration date: _____

If a second dose was administered, enter time of dose #2 _____

Naloxone lot #: _____ Expiration date: _____

Was second dose administered at the school prior to arrival of EMS? Yes No Unknown

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Person's Response to Naloxone

Responsive but sedated Responsive and alert No response

Post-Naloxone Observations (Check all that apply)

None Seizure Vomiting Difficulty breathing Agitation/irritability Feeling of withdrawal
 Upset Angry Combative Confused Other (specify): _____

What Actions Were Taken

Prior to administration

Asked loudly "Are you OK?"
 Firmly tapped or shook shoulders
 Sternal rub
 Called EMS/911 or instructed someone to call
 Other (specify): _____

Prior, during, or after administration of naloxone

Recovery position Rescue breathing
 Oxygen Chest compressions
 CPR/Automated External Defibrillator
 Other (specify): _____

Disposition

EMS/911 notified at: (time) _____

Transported to Emergency Department: Yes No Unknown If no, provide reason(s): _____

If yes, transported via: Ambulance Parent/Guardian Other (specify): _____

If person was a student, when was the parent/guardian notified of naloxone administration: (time and date): _____

Student/Staff/Visitor outcome: _____

School Follow-up

Yes No Parents/guardians advised to follow up with student's primary care provider or other health care provider

Yes No Arrangements made to replace naloxone stock.

Comments: _____

Form completed by: _____ Date: _____

Signature: _____ Title: _____

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

Local Education Agency/School District: _____

School Name _____ School Address _____

Submit completed form to:
Maryland State Department of Education, Student Services Section - School Health Services
Attention: Alicia Mezu, School Health Services Specialist
Fax: (410) 333-0880