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)?

<table>
<thead>
<tr>
<th>Suspected Opioid</th>
<th>Substance suspected in combination with opioid</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Prescription Opioid (for pain): Specify if known: __________</td>
<td></td>
</tr>
<tr>
<td>☐ Heroin</td>
<td></td>
</tr>
<tr>
<td>☐ Methadone</td>
<td></td>
</tr>
<tr>
<td>☐ Buprenorphine</td>
<td></td>
</tr>
</tbody>
</table>

| ☐ Codeine |
| ☐ Buprenorphine/Naloxone |
|
| ☐ Don’t Know |
| ☐ Other (specify)__________ |
| ☐ Alcohol |
| ☐ Benzodiazepines |
| ☐ Barbiturates |
| ☐ Methamphetamines/speed |
| ☐ Cocaine/crack |
| ☐ Don’t Know |
| ☐ 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

All Sections Must be Completed
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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

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