Tuolumne County

Emergency Medical Services Agency

Revised Date:

EPINEPHRINE AND NALOXONE ADMINISTRATION FORM

Date:	Agency:	
Incident Location:		
Patient Initials:	DOB:	❑ Male ❑ Female

Assessment

Epinephrine Auto-Injector		**Naloxone (Narcan)**	
❒ Adult Dose ❑ Pediatric Dose		Did patient require 2nd dose of Narcan ❑ Yes ❑ No	
Signs and Symptoms	Post Administration Assessment	Signs and Symptoms	Post Administration Assessment
❑ Difficulty speaking or swallowing ❑ Difficulty breathing ❑ Hives/rash/swelling ❑ Flushed or pale skin ❑ Rapid weak pulse ❑ Blood pressure < 90 mmHg	❑ Improved speaking or swallowing ❑ Decrease in difficulty breathing ❑ Improved skin signs ❑ Improved pulse ❑ Improved blood pressure	❑ No painful stimuli ❑ Respirations irregular or absent ❑ Pupils “pinpoint” and non-reactive ❑ Pale or cyanotic skin ❑ Slow pulse ❑ Blood pressure < 90 mmHg	❑ Increased level of consciousness ❑ Increased respiratory rate ❑ Pupils reactive ❑ Improved skin signs ❑ Improved pulse ❑ Improved blood pressure

Administration Times:

Epinephrine:	Narcan 1st Dose:
	Narcan 2nd Dose:
Additional Information:	
Transfer Agency Unit #:	Transfer of Care Time:

Form Completed by: Signature Date

This form is to be emailed to kandrews@co.tuolumne.ca.us or faxed attention Katie Andrews to 209-533-7406