

Date:

FIRST RESPONDERS: Please complete this form if you have recently administered Narcan and/or are requesting replacement of Narcan. Return this completed form to Carli Pickard cpickard@nd.gov at Central Valley Health District.

Definitions:

- A “dose” of Narcan refers to a single dose of Narcan nasal spray.
- A “box” of Narcan includes a total of two (2) doses of Narcan nasal spray.

FIRST RESPONDER INFORMATION

Name:

Organization:

REASON FOR REPLACEMENT

- ☐ Narcan was administered to an individual with a suspected or known overdose
- ☐ Narcan was expired or damaged (skip to **Narcan replacement** section)
- ☐ Other (please explain):

INCIDENT DETAILS

Date of Incident:

City of Incident:

Number of **doses** given:

Describe the environment Narcan was given:

Did the recipient survive?

☐ Yes ☐ No ☐ Unknown

☐ Residential location (house, apartment, etc.)

☐ Public location (public restroom, library, hotel, etc.)

☐ Other:

NARCAN REPLACEMENT

Number of new Narcan **boxes** requested:

Number of Narcan **doses** expired or damaged:

ADDITIONAL COMMENTS (optional)

OFFICE USE ONLY:

Date Received:

Date Replaced: