



Central Valley Health District
Health Promotion Department
Narcan Replacement Form

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 | |
|--|--|
| <input type="checkbox"/> Narcan was administered to an individual with a suspected or known overdose | |
| <input type="checkbox"/> Narcan was expired or damaged (skip to Narcan replacement section) | |
| <input type="checkbox"/> Other (please explain): | |

| INCIDENT DETAILS | |
|--|--|
| Date of Incident: | City of Incident: |
| Number of doses given: | Describe the environment Narcan was given: <input type="checkbox"/> Residential location (house, apartment, etc.) <input type="checkbox"/> Public location (public restroom, library, hotel, etc.) <input type="checkbox"/> Other: |
| Did the recipient survive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |

| 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: |