



# Randolph County EMERGENCY SERVICES

## Narcan/ Epinephrine 1:1000 Reporting Document

Date of Service: \_\_\_\_\_

Address/ Location of call: \_\_\_\_\_

Adult ☐ Pediatric ☐

Patient Medical History: \_\_\_\_\_

Patient Allergies: \_\_\_\_\_

Medication Administered: Narcan ☐ Epi 1:1000 ☐

Dose administered: \_\_\_\_\_ mg @ \_\_\_\_\_ (Time)

Administration Route: Narcan IN ☐ Narcan IM ☐ Epi IM Deltoid ☐ Epi IM Thigh ☐

Personnel administering the medication: \_\_\_\_\_

- Was dose verified by additional personnel (not required but encouraged)?
- If yes, persons name: \_\_\_\_\_

Known allergic reaction to a substance: Yes ☐ No ☐ Substance: \_\_\_\_\_

Time: \_\_\_\_\_

Vital Signs **Before** administration: B/P: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respirations: \_\_\_\_\_ Pulse Ox: \_\_\_\_\_

Lung Sounds: \_\_\_\_\_

Signs & Symptoms **before** administration:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time: \_\_\_\_\_

Vital Signs **After** administration: B/P: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respirations: \_\_\_\_\_ Pulse Ox: \_\_\_\_\_

Lung Sounds: \_\_\_\_\_

Signs & Symptoms **After** administration:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person completing report: \_\_\_\_\_

**\*\* Return completed forms to the training coordinator @ [david.barr@randolphcountync.gov](mailto:david.barr@randolphcountync.gov) or mail to 760 New Century Dr, Asheboro NC 27205**

To be completed by RCEMS Training Coordinator:

EMS Ticket#: \_\_\_\_\_