

**INTRANASAL NALOXONE
USAGE REPORT**

JD-MS-60 New 10-16

**CONNECTICUT JUDICIAL BRANCH
JUDICIAL MARSHAL SERVICES**

www.jud.ct.gov



Date	Judicial District	Time of arrival	Incident number
Location of incident (Number, street, town, and zip code)		Name of Judicial Marshal	
Name of victim	Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Address of victim			

Victim status prior to administering Intranasal Naloxone: (Check one in each line within this section)Level of consciousness Victim responds to: ☐ Alert ☐ Verbal Stimulus ☐ Painful Stimulus ☐ Unresponsive ☐ Other (Specify):Breathing: ☐ Rapid (>24 BPM) ☐ Slow (<10 BPM) ☐ Normal (12-20 BPM) ☐ Not breathingPulse: ☐ Rapid (>100) ☐ Slow (<60) ☐ Normal (60-100) ☐ No pulse ☐ Did not checkConstricted pupils (pinpoint): ☐ Yes ☐ No

Other indicators or information:

Evidence of opioid usage: ☐ Yes ☐ No

If drug packages found at scene, describe stamp or markings:

Victim overdosed on what drugs? (Check all that apply)

- | | | | |
|--|--|---|------------------------------------|
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Unknown Pills | <input type="checkbox"/> Codeine | <input type="checkbox"/> Methodone |
| <input type="checkbox"/> Fentanyl | <input type="checkbox"/> Unknown Injection | <input type="checkbox"/> Morphine | <input type="checkbox"/> Suboxone |
| <input type="checkbox"/> Prescription Medication | <input type="checkbox"/> Unknown | <input type="checkbox"/> Other (specify): | |

Time Intranasal Naloxone was administered:

Number of vials of Intranasal Naloxone used:

If Intranasal Naloxone worked, how long did it take to work?

- ☐
- Less than 1 minute
- ☐
- 1-3 minute(s)
- ☐
- 3-5 minutes
- ☐
- More than 5 minutes
- ☐
- Unknown
- ☐
- Did not work

Victim's response to Intranasal Naloxone:

- ☐
- No response
- ☐
- Responsive-sedated
- ☐
- Responsive-alert
- ☐
- Responsive-angry
- ☐
- Combative
-
- ☐
- Other (Specify):

Post-Intranasal Naloxone responses: (Check all that apply)

- ☐
- None
- ☐
- Respiratory Distress
- ☐
- Seizure
- ☐
- Vomiting
- ☐
- Opiate Withdrawal (e.g. nausea, muscle ache, runny nose, watery eyes, shivering)
-
- ☐
- Other (Specify):

What else was done by the Judicial Marshal? (Check all that apply)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Verbal Stimulus | <input type="checkbox"/> Bag Valve Mask | <input type="checkbox"/> Recovery Position | <input type="checkbox"/> Defibrillator with shock |
| <input type="checkbox"/> Tactile Stimulus | <input type="checkbox"/> Mouth to Mask | <input type="checkbox"/> Oxygen | <input type="checkbox"/> Defibrillator - no shock |
| <input type="checkbox"/> Chest compressions | <input type="checkbox"/> Mouth to Mouth | <input type="checkbox"/> Other (Specify): | |

Was Intranasal Naloxone administered by anyone else at the scene? ☐ Yes ☐ No☐ EMS ☐ Bystander ☐ Other (Specify):**Disposition:**☐ Care transferred to EMS ☐ Other (Specify):

Was a paramedic on scene prior to being transported?

☐ Yes ☐ No

Did the victim live?

☐ Yes ☐ No ☐ Unknown

Transported to which hospital:

Transporting ambulance:

Comments:

For Judicial Marshal Services Use Only Below

Lot number

Expiration date