

**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 breathing

Pulse: Rapid (>100) Slow (<60) Normal (60-100) No pulse Did not check

Constricted pupils (pinpoint): Yes No

Other indicators or information:

Evidence of opioid usage: <input type="checkbox"/> Yes <input type="checkbox"/> No	If drug packages found at scene, describe stamp or markings:
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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:
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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