

**San Mateo County Naloxone Intranasal Skills Check-Off**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| 1. | Identify the indications for use of naloxone. |  |
| 2. | Identify the contra-indications for naloxone. |  |
| 3. | Body substance isolation verbalized/demonstrated with gloves, etc. |  |
| 4. | Scene safety verbalizes concern for sharps and potentially handcuffing victim prior to administration. |  |
| 5. | Consider additional resources. |  |
| 6. | Perform Primary Assessment and obtain baseline mental status, pupil size and respiratory rate/effort. |  |
| 7. | Verbalize signs of opioid overdose and at least 3 opioid medications or drugs. |  |
| 8. | Verbalize at least 2 exclusion criteria for naloxone administration. |  |
| 9. | Inspect the naloxone box and vial or package for:* 1. Expiration date
	2. Clarity of medication (no cloudiness, discoloration, or particles)
 |  |
| 10. | Assemble medication syringe to MAD device OR prepare prepackaged/manufactured device. |  |
| 11. | Place atomizer/MAD/prepackaged cone into one of patient’s nostrils. |  |
| 12. | Verbalize correct dose of medication. |  |
| 13. |  Administer medication for 3 seconds into patient’s nostril using short, vigorous push. |  |
| 14. | Place the glass vial into a sharps container. |  |
| 15. | Monitor mental status, pupil size and respiratory rate/effort until EMS arrives. |  |
| 16. | Complete naloxone paperwork, advise your supervisor, and email completed LE naloxone administration sheet to county. |  |
| 17. | Complete the station within 5-minute time limit. |  |

**Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**