PARKWAY EMERGENCY NARCAN ADMINISTRATION DELEGATION TRAINING RECORD

School:

EMERGENCY NARCAN ADMINISTRATION TRAINING:

- States symptoms of possible opiod overdose and assess victim with shake, shout and sternal rub
- Demonstrates the correct procedure for administration of Narcan:
    1. Lay the person on their back to administer Narcan
    2. Remove medicaton from box, peel back the tab with a circle to open
    3. Hold the Narcan spray with your thumb on the bottom of the plunger and the third and middle fingers on either side of the nozzle.
    4. Tilt the person's head back and provide support under the neck with your hand
    5. Gently insert the tip of the nozzle until the fingers on either side of the nostril are against the bottom of the person's nose.
    6. Press the plunger firmly to give the dose of Narcan nasal spray.
    7. Remove Narcan nasal spray and turn person to their side (recovery position)
    8. Monitor patient, administer rescue breathing if needed. If no response to talking, touch or pain, additional Narcan nasal spray may be administered every 2-3 minutes if available, until the person responds or EMS arrives.
    9. If needed, use steps 2-8 using a new Narcan nasal spray in the other nostril
- States follow-up procedures- call 911; give used Narcan to EMS for disposal and document administration

Delegate: I have been instructed in the district's emergency Narcan policy and administration procedures. I understand that I may administer emergency Narcan according to these procedures and as delegated to me by the school nurse and principal. I understand that I am to call 911 after administration of Narcan. I understand that I may not delegate this task to any other person.

Delegate Name	Delegate Signature	Date

DELEGATION AUTHORIZATION: I have provided skills assessment training to administer emergency Narcan according to district policy and procedures. The above staff have demonstrated knowledge and understanding of the policies and procedures listed above.

RN Name   **RN Signature**   **Date**

Keep a copy of this form in the nurse's office and send the original to the Director of Health Services