

Naloxone Administration
Final Skills Evaluation

Instructions to the Skills Evaluator:

Check all steps performed by candidate and indicate either **PASS** or **NR** (Needs Remediation). Final skills evaluation forms must be signed, dated, and retained by the Master Trainer. This form is subject to audit by DPHHS staff.

Date: _____ Start Time: _____ Stop Time: _____

Candidates Name: _____

Evaluators Name: _____

Testing Scenario Number: _____

	Check if completed:	YES	NO
Step 1: CALLS FOR HELP – Call 911 or notify dispatch with basic information			
Step 2: CHECKS FOR SIGNS OF OPIOID OVERDOSE: Inability to awaken, pinpoint pupils, slow or shallow breathing, blue lips			
Step 3: ADMINISTERS RESCUE BREATHING -or- BEGINS CPR WITH AED FOR NO SIGNS OF LIFE			
Rescue Breathing: One breath every 5 seconds with barrier device			
CPR according to prior training/certification if no signs of life/pulseless			
Step 4: ADMINISTERS NALOXONE APPROPRIATELY (check available formulation)			
Nasal Spray			
Auto-Injector			
Intranasal MAD			
Step 5: MONITORS THE PERSONS RESPONSE			
Continue rescue breathing until Naloxone takes effect in 3 to 5 minutes			
Place victim in recovery position if normal breathing is restored			
Ensure victim receives medical care even if fully awake and breathing			

Critical Criteria (Check all that apply):

_____ Did not complete Step 1, Step 2, Step 3, Step 4, or Step 5 (Circle one or more)

_____ Delayed Rescue breathing or CPR to give Naloxone

Indicate PASS or NR (Needs Remediation): _____

Evaluator Signature: _____ Date: _____