

OVERDOSE REVERSAL AND NALOXONE ADMINISTRATION REPORTING FORM

THIS FORM IS TO BE COMPLETED WITHIN FIVE 5 BUSINESS DAYS OF NALOXONE ADMINISTRATION

(THIS FORM IS TO BE COMPLETED WITHIN FIVE (5) BUSINESS DAYS OF NALOXONE ADMINISTRATION.)

Agency Name: Date: Incident#:

Name of Trained Officer who administered: Additional Officer(s):

Use of Naloxone During Emergency Drug Overdose

How many doses of naloxone did you use? How was naloxone given?

Date naloxone was used (MM/DD/YY): Has patient been treated with naloxone in the past by PD? Yes No Unknown

If yes, how many times?

Unknown

Location of Use/Location of Overdose

Municipality: Was this location?

About the Overdoser/Is the Overdoser? (Check all that apply)

Male Unknown Sex

Female About how old is the overdoser? (Use your best guess) Years old

Is the Overdoser (Check all that apply)

African-American/Black Hispanic/Latino(s) Caucasian/White Unknown

Asian/Pacific Islander Native American Other Race/Ethnicity Please Specify:

What Drugs Had Been Used/Did the Overdoser (Check all that apply) Inject Heroin Sniff Heroin

Methadone Amphetamine Alcohol Unknown Use Heroin, But How is Unknown

Pain Pills Cocaine Benzos Other Drugs Please Specify:

Condition of Overdoser

Was overdoser conscious before naloxone was used?

Yes

No

Unknown

Actions Taken

Was rescue breathing performed? Yes No Unknown

Did Emergency Medical Services assist in overdose? Yes No Unknown

Outcome

Did the overdoser survive? Yes No Unknown

Other Information Was the overdoser given a Resource Card? Yes No

Please provide any information that would be helpful in describing the overdose: