

Department:

# First Responder Naloxone Report

Date:  /  /  Staff: \_\_\_\_\_ ID Number /   
Employee Nbr:

Date of Overdose:  /  /  24 hour time of overdose:  :

Zip code where overdose occurred:  Gender of the person who overdosed:  
 Female  Male  MtF  FtM  Unknown

Signs of overdose present: (check all that apply)

- Unresponsive       No pulse       Not breathing       Other: \_\_\_\_\_
- Blue lips/fingertips       Slow pulse       Breathing slowly/agonal breathing

Overdosed on what drugs? (check all that apply)

- Heroin       Benzos/Barbituates       Cocaine/Crack       Suboxone/buprenorphine       Any other opioid
- Alcohol       Methadone       Don't know       Other: \_\_\_\_\_

How many doses of first responder naloxone were used?  Was it:  Intranasal  Auto-injector

Did it work?  Yes  No  Not sure → if no or not sure, explain in comments

↳ If naloxone worked, how much total time did it take to work?

- Less than 1 min     1-3 min     3-5 min     >5 min     Don't Know

Response to naloxone: (check one)

- Responsive and alert     Responsive but sedated     No response to naloxone

Post-naloxone withdrawal symptoms: (check all that apply)

- None       Dope Sick (e.g. nauseated, muscle aches, runny nose, and/or water eyes)
- Irritable or Angry     Physically Combative     Vomiting       Other: \_\_\_\_\_

Did the person live?  Yes  No

What else was done? (check all that apply)

- Sternal rub / Lip rub       Yelled       Shook them       Recovery Position
- Rescue breathing       Oxygen       Chest Compressions       Automatic Defibrillator
- EMS naloxone       Bystander naloxone       Other: \_\_\_\_\_

Disposition: (check one)

- Care transfered to EMS     Other: \_\_\_\_\_

Notes/Comments: