**Record of Naloxone Use**

This record is to be **completed when a patient is supplied with a Narcan refill**, typically after the patient has used the previously provided dose(s).

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

**DOB: \_\_ \_\_/ \_\_ \_\_/\_\_ \_\_**

# Sex \_\_\_\_\_\_\_\_\_\_\_\_\_ Race \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Street intersection where you usually stay

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your ZIP Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many times have you received Naloxone, including this time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Approx. date of overdose training: \_\_\_\_\_\_\_\_\_\_\_\_

## Approx. date of Naloxone use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Naloxone used: \_\_\_\_\_\_\_\_\_\_(mg)

**Was the Naloxone used on a person? Yes No**

If used on different people, how many? \_\_\_\_\_

**If yes**, on whom was the Naloxone used?

* Self
* Adult family member
* Family member under age 18
* Friend/acquaintance
* Stranger
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Unknown

If no, what happened to the Naloxone?

* Lost
* Stolen
* Confiscated by Law Enforcement
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was 911 called at the time of Naloxone use?

* Yes
* No
* Unknown

If No, why not?

* No phone available
* Afraid of police involvement
* Unknown
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Naloxone refill : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lot No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was rescue breathing used?

* Yes
* No
* Unknown

How did you recognize the overdose?

* Depressed respiration
* Altered mental status
* Unconsciousness or coma
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What drugs were used at the time of the overdose? *(Check all that apply)*

* Alcohol
* Heroin
* Cocaine
* Marijuana/hashish
* Methadone
* Methamphetamine/Speed
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Unknown

What was the body site of Naloxone injection? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the route of Naloxone injection?

* Vein
* Muscle
* Under skin
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Unknown

Where did the overdose incident take place?

 Nearest streets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ZIP Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the outcome of the incident? *(Check all that apply)*

* EMS
* Police arrive at scene
* Emergency Room
* Hospitalization
* Death
* Unknown
* Person OK

# Other comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff/Volunteer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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