

New York State Public Safety Naloxone Quality Improvement Usage Report

Version: 8/3/2017

Date of Overdose:

Arrival Time of Responder:

 : AM PM

Arrival Time of EMS:

 : AM PM

Agency Case #:

Gender of the Person Who Overdosed:

 Female Male Unknown

Age:

ZIP Code Where Overdose Occurred:

County Where Overdose Occurred:

Aided Status Prior to Administering Naloxone: (Check one in each section.)

Responsiveness: Unresponsive Responsive but Sedated Alert and Responsive Other (specify):

Breathing: Breathing Fast Breathing Slow Breathing Normally Not Breathing

Pulse: Fast Pulse Slow Pulse Normal Pulse No Pulse Did not Check Pulse

Aided Overdosed on What Drugs: (Check all that apply.)

Heroin Benzos/Barbiturates Cocaine/Crack Buprenorphine/Suboxone Pain Pills Unknown Pills

Unknown Injection Alcohol Methadone Don't Know Other (specify):

Administration of Naloxone Number of naloxone vials used: 1 vial 2 vials 3 vials 4 vials > 4 vials

How long did 1st dose of naloxone take to work: < 1 minute 1-3 minutes 4-5 minutes >5 minutes Don't Know Didn't Work

Aided's response: Combative Responsive & Angry Responsive & Alert Responsive but Sedated Unresponsive but Breathing No Response

If 2nd dose given, was it: IN (intranasal) IM (intramuscular) IV (intravenous)

How long after 1st dose was 2nd dose administered: < 1 minute 1-3 minutes 4-5 minutes >5 minutes Don't Know

Aided's response: Combative Responsive & Angry Responsive & Alert Responsive but Sedated Unresponsive but Breathing No Response

Post-naloxone symptoms: (Check all that apply.)

None Dope Sick (e.g. nauseated, muscle aches, runny nose and/or watery eyes) Respiratory Distress

Seizure Vomiting Other (specify):

What Else was done by the Responder: (Check all that apply)

Yelled Shook Them Sternal Rub Recovery Position Bag Valve Mask Mouth to Mask Mouth to Mouth

Defibrillator (if checked, indicate status of shock): Defibrillator - no shock Defibrillator - shock administered

Chest Compressions Oxygen Other (specify):

Was Naloxone Administered by Anyone Else at the Scene: (Check all that apply)

EMS Bystander Other (specify):

Disposition: (Check one.) Transported by EMS EMS Transport Refused Other (specify):

Did the Person Live: Yes No Don't Know

Hospital Destination:

Transporting Ambulance:

Comments:

Administering Responder's Information: Agency: Police Fire EMS Badge #:

Last Name: First Name:

Please send the completed form to the NYS Department of Health using any one of the three following methods:

E-mail: oper@health.ny.gov & cheryll.moore@erie.gov
Fax: 518.402.6813 & 716.858.8701

Mail: Shu-Yin John Leung
OPER, AIDS Institute, NYSDOH
Empire State Plaza CR342
Albany, New York 12237