

OSDH Intranasal Naloxone Usage Form

Agency Demographics

Date: ___/___/___ Agency: _____ Agency ID#: _____ Trauma Region: _____

Please select your agency licensure level: EMR/FR Basic Intermediate Paramedic

Reason for refill: Administered kit Broken/lost kit Kit outdated Other _____

If kit used for overdose, please complete the rest of the form.

Provider Demographics

Employee License #: _____

Date of Overdose: ___/___/___ Time of Overdose: ____ : ____ : ____ AM PM (circle one)

ZIP code where overdose occurred: _____

Gender of the person who overdosed? Female Male Unknown Age : _____

Patient Vital Signs and Type of Overdose

Signs of overdose present: *(check all that apply)*

- Unresponsive Bradypenic (<12 respirations) Apneic Cyanotic
 Bradycardic (<60 bpm) Pulseless Other (specify) _____

Overdosed on what drugs? *(check all that apply)*

- Heroin Benzos/Barbiturates Cocaine/Crack Suboxone Prescription opioids
 Alcohol Methadone Methamphetamine Bath salts Any other opioid
 Don't Know Other (specify) _____

Administration Demographics

Who was the first to arrive on the scene? EMR/FR EMS Law Enforcement

Was naloxone given prior to your arrival? Yes No Unk IF YES—by whom? Family/friend

Was naloxone given by you/your agency for a possible overdose?
 Yes No Don't know Law enforcement
 EMR/FR
 Unknown

↳ If YES, number of doses used: |____|

↳ If YES, did it work? **(If intranasal naloxone was not given or did not work, please explain in comments)**
 Yes No Not sure

↳ If intranasal naloxone worked, how long did it take to work?
 Less than 1 min 1-2 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 watery eyes)
 Irritable or Angry Physically Combative Vomiting Other (specify): _____

Patient Outcome Data

Other procedures performed *(check all that apply)*

- Sternal rub / Lip rub Recovery Position Rescue breathing Chest Compressions
 Automatic Defibrillator Yelled Shook them Oxygen
 IV Intubated Rescue Airway (OPA, NPA)
 Supraglottic Airway (King, LMA, Combitube, etc.) Other (specify): _____

Disposition: *(check one)*

- Treated & transported to MTF Treated & transported by LE Treated & transported by POV
 Died Refused Treatment Unknown
 Treated & transferred care...If EMR, who transported? _____

Write any Notes or Comments on the back.