New York State Public Safety Naloxone Quality Improvement Usage Report

Print Form

Version: 3/10/2015

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 (instranasal) ◯ 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

Fax: (518) 402-6813

Mail: Shu-Yin John Leung
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