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Reason for refill: ☐ Administered kit ☐ Broken/lost kit ☐ Kit outdated ☐ Other_____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

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 ☐ Law enforcement ☐ EMR/FR ☐ Unknown

Was naloxone given by you/your agency for a possible overdose?

☐ Yes ☐No ☐ Don't know

→ 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.

Attn: Avy Redus: AvyD@health.ok.gov, fax 405-271-2799, Injury Prevention Service, OSDH, 1000 NE 10th Street, Oklahoma City, OK 73117