

# Overdose Prevention Program Report-Back Form

Date:  /  /  Staff ID: \_\_\_\_\_ Department: \_\_\_\_\_

Reason for refill:  Administered kit  Broken/lost kit  Kit outdated  Other \_\_\_\_\_

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

Date of Overdose:  /  /  Time of Overdose: \_\_\_\_\_ : \_\_\_\_\_ AM PM (circle one)

ZIP code where overdose occurred:

Gender of the person who overdosed?  
 Female  Male  Unknown

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

Unresponsive  Breathing slowly  Not breathing  Blue lips  
 Slow pulse  No pulse  Other (specify) \_\_\_\_\_

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

Heroin  Benzos/Barbituates  Cocaine/Crack  Suboxone  Any other opioid  
 Alcohol  Methadone  Don't Know  Other (specify) \_\_\_\_\_

Was naloxone given during overdose?

Yes  No  Don't know

↳ If YES, number of doses used: |\_\_\_\_| |\_\_\_\_|

↳ If YES, did it work? **(If pilot program naloxone was not given or did not work, please explain in comments)**

Yes  No  Not sure

↳ If pilot program naloxone worked, how long did it take to work?

Less than 1 min  1-3 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): \_\_\_\_\_

Was the person alive the last time you observed them?  Yes  No  Not Sure

What else was done? *(check all that apply)*

Sternal rub / Lip rub  Recovery Position  Rescue breathing  Chest Compressions  
 Automatic Defibrillator  Yelled  Shook them  Oxygen  
 EMS naloxone  Other (specify): \_\_\_\_\_

Disposition: *(check one)*

Care transferred to EMS  Other (specify): \_\_\_\_\_

**Notes / Comments**