



**Law Enforcement Naloxone Use Reporting Form**

<b>Officer name:</b>	<b>Report date:</b>
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<b>1. When did the overdose occur?</b>	Date:	Approx. time:
Location address:	City:	

<b>2. Where did the overdose occur?</b>				
Private residence	Drug treatment center	Business	Street	Hotel / motel
Other:				

<b>3. What was the gender appearance of the individual that overdosed?</b>	
Male	Female

<b>4. What was the race of the individual that overdosed?</b>				
Caucasian / white	African American / black	Asian	Hispanic / Latino	Native American
Other:				

<b>5. How did you know that the individual had overdosed?</b> <i>(check all that apply)</i>		
They were blue	They wouldn't wake up	They stopped / weren't breathing
They were breathing at a very slow rate	They didn't respond to a sternal rub or painful stimuli	
Other:		

<b>6. What drugs were involved in the overdose?</b> <i>(Either present, or suspected, at the scene. Check all that apply)</i>			
Alcohol	Benzodiazepines ("Benzos," ex: Ativan, Klonopin, Valium, Xanax, etc.)		
Cocaine / crack	Codeine	Fentanyl	GHB
Heroin	Methadone	Methamphetamines	Morphine
Oxycodone	Other:		

<b>7. Did the person you administered Naloxone to...</b>				
a) ...experience any symptoms of withdrawal?				
No	Yes	<b>If yes, the symptoms were:</b>	Mild	Severe
b) ...display aggression because of these symptoms?				
<b>IF YOU ANSWERED NO TO 7a, PROCEED TO 7d</b>			No	Yes
c) ...display agitation / irritation / combativeness because of these symptoms?				
<b>IF YOU ANSWERED NO TO 7a, PROCEED TO 7d</b>			No	Yes
d) ...do any of the following? (check all that apply)				
Vomit?	Regain consciousness?	<b>NOT</b> regain consciousness?	Go to the hospital?	



**8. How long did it take, approximately, for the Naloxone to work?** *(Select one)*

Immediately	30 seconds	1 minute	1.5 minutes
2 minutes	2.5 minutes	3 minutes	More than 3 minutes
It didn't work			

**9. How many doses were administered?**

1 dose	2 doses
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**10. Did someone administer Naloxone to the individual before you did?**

No	Yes	I don't know / I'm not sure
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**11. Did the individual survive the overdose?**

No	Yes	I don't know / I'm not sure
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**12. Did you experience any problems carrying your Naloxone kit?**

No	Yes
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**If yes, please describe:**

**Other comments, notes and / or suggestions:**

Give this form to the Naloxone Program Coordinator at your agency and receive restock. This form should also be returned to REMSA, attention: Lisa Madrid – [lmadrid@rivco.org](mailto:lmadrid@rivco.org)