***Schuylkill County Naloxone Usage Report***

**Date of Call:**  **Time of Call:** 

**Municipality of Call:**  **Zip Code of Call:** 

**Non Identifiable Patient Demographics**

**Gender:** Male Female Transgender Unknown

**Age:**  **Zip Code Where Patient Resides:** 

**Race / Ethnicity:** Caucasian/White African-American/Black Hispanic

Latino  Asian Pacific / Islander Unknown Other

**Overdose Information**

**Drug Resulting in Overdose:** Heroin Benzos/Barbiturates Cocaine/Crack Buprenorphine/Suboxone  Pain Pills Unknown Pills Alcohol Unknown Injection Methadone Unknown Other 

**Patient Status Prior to Administering Naloxone**

**RESPONSIVENESS:** Unresponsive Responsive/Sedated Alert & Responsive Other

**BREATHING:** Fast Slow Normal Not Breathing

**PULSE:** Fast Slow Normal No Pulse Did Not Check

**Administration of Naloxone**

**1st Dose** Administered by: EMS Police QRS Bystander

Dose Administered:  Method: Instranasal Intramuscular Intravenous

How Long did it take to work? <1 min 1-3 min 4-5 min >5 min Don’t Know

Response to Dosage: Combative Responsive & Angry Responsive & Alert Responsive but sedated Unresponsive but breathing No Response

Replaced Yes No If so, by whom: 

**2nd Dose** Administered by: EMS Police QRS Bystander

How long after 1st dose was 2nd dose administered? <1 min 1-3 min 4-5 min >5 min Unknown

Dose Administered:  Method: Instranasal Intramuscular  Intravenous

Response to Dosage: Combative Responsive & Angry Responsive & Alert Responsive but sedated Unresponsive but breathing No Response

Replaced Yes No If so, by whom: 

**3rd Dose** Administered by: EMS Police QRS Bystander

How long after 1st dose was 2nd dose administered? <1 min 1-3 min 4-5 min >5 min Unknown

Dose Administered:  Method: Instranasal Intramuscular  Intravenous

Response to Dosage: Combative Responsive & Angry Responsive & Alert Responsive but sedated Unresponsive but breathing No Response

Replaced Yes No If so, by whom: 

**Post-Naloxone Symptoms (Check All That Apply)**

None Dope Sick (Nausea, muscle aches, runny nose, watery eyes) Seizure Respiratory Distress Vomiting Other: 

**Other Treatment (Check All That Apply)**

Bag Valve Mask Chest Compressions Oxygen Defribrillator – No Shock Defribillator – Shock Administered

**Outcomes of Call**

Patient Status: Alive Deceased

Disposition: EMS Transported EMS Transport Refused Other: 

Hospital Destination: 

Transporting Ambulance: 

Assisting Ambulance / QRS: 

**Administering Responder’s Information**

First Name:  Last Name:  Certification Level: 

Agency : 

If applicable, please list the total number of dosages (Example: 2 doses of 2mg) that need to be replaced by COGI. This should only be completed if you did not have Narcan replaced by a hospital. 

To which agency should replacement go? 

Additional Comments: 