***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: 