

New York State Public Safety Naloxone Quality Improvement Usage Report

Version: 3/10/2015

Date of Overdose: / / **Arrival Time of Responder:** : ☐ AM ☐ PM **Arrival Time of EMS:** : ☐ AM ☐ PM

Agency Case #: Gender of the Person Who Overdosed: ☐ Female ☐ Male ☐ Unknown Age:

ZIP Code Where Overdose Occurred: County Where Overdose Occurred:

Aided Status Prior to Administering Naloxone: (Check one in each section.)

Responsiveness: ☐ Unresponsive ☐ Responsive but Sedated ☐ Alert and Responsive ☐ Other (specify):

Breathing: ☐ Breathing Fast ☐ Breathing Slow ☐ Breathing Normally ☐ Not Breathing

Pulse: ☐ Fast Pulse ☐ Slow Pulse ☐ Normal Pulse ☐ No Pulse ☐ Did not Check Pulse

Aided Overdosed on What Drugs: (Check all that apply.)

☐ Heroin ☐ Benzos/Barbiturates ☐ Cocaine/Crack ☐ Buprenorphine/Suboxone ☐ Pain Pills ☐ Unknown Pills

☐ Unknown Injection ☐ Alcohol ☐ Methadone ☐ Don't Know ☐ Other (specify):

Administration of Naloxone Number of naloxone vials used: ☐ 1 vial ☐ 2 vials ☐ 3 vials ☐ 4 vials ☐ > 4 vials

How long did 1st dose of naloxone take to work: ☐ < 1 minute ☐ 1-3 minutes ☐ 4-5 minutes ☐ > 5 minutes ☐ Don't Know ☐ Didn't Work

Aided's response: ☐ Combative ☐ Responsive & Angry ☐ Responsive & Alert ☐ Responsive but Sedated ☐ Unresponsive but Breathing ☐ No Response

If 2nd dose given, was it: ☐ IN (intranasal) ☐ IM (intramuscular) ☐ IV (intravenous)

How long after 1st dose was 2nd dose administered: ☐ < 1 minute ☐ 1-3 minutes ☐ 4-5 minutes ☐ > 5 minutes ☐ Don't Know

Aided's response: ☐ Combative ☐ Responsive & Angry ☐ Responsive & Alert ☐ Responsive but Sedated ☐ Unresponsive but Breathing ☐ No Response

Post-naloxone symptoms: (Check all that apply.)

☐ None ☐ Dope Sick (e.g. nauseated, muscle aches, runny nose and/or watery eyes) ☐ Respiratory Distress

☐ Seizure ☐ Vomiting ☐ Other (specify):

What Else was Done by the Responder: (Check all that apply.)

☐ Yelled ☐ Shook Them ☐ Sternal Rub ☐ Recovery Position ☐ Bag Valve Mask ☐ Mouth to Mask ☐ Mouth to Mouth

☐ Defibrillator (if checked, indicate status of shock): ☐ Defibrillator - no shock ☐ Defibrillator - shock administered

☐ Chest Compressions ☐ Oxygen ☐ Other (specify):

Was Naloxone Administered by Anyone Else at the Scene: (Check all that apply.)

☐ EMS ☐ Bystander ☐ Other (specify):

Disposition: (Check one.) ☐ Transported by EMS ☐ EMS Transport Refused ☐ Other (specify):

Did the Person Live: ☐ Yes ☐ No ☐ Don't Know

Hospital Destination: **Transporting Ambulance:**

Comments:

Administering Responder's Information: Agency: ☐ Police ☐ Fire ☐ EMS Badge #:

Last Name: First Name:

Please send the completed form to
STHCS using any one of the three
following methods:

E-mail: stems@sthcs.org
Fax: (716) 372-5217

Mail: Southern Tier Health Care
System, Inc. - STEMS
150 N. Union St.
Olean, New York 14760