



New York State Public Safety Naloxone Quality Improvement Usage Report

Version: 05/23/2014

Date of Overdose:

Arrival Time of Officer:

Arrival Time of EMS:

/ /

: AM PM

: 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 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 vials of naloxone used:

If naloxone worked, how long did naloxone take to work? Less than 1 minute 1-3 minute(s) 3-5 minutes >5 minutes Don't Know

Aided's Response to Naloxone:

Combative Responsive and Angry Responsive and Alert Responsive but Sedated No Response to Naloxone

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 officer? (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) Care transferred to EMS Other (specify)

Did the person live? YES NO Do not know

Hospital Destination

Transporting Ambulance

Comments:

Administering Officer's Information: Agency

Shield #

Last Name

First Name

Please send the completed form to the NYS Department of Health using any one of the three following methods:

E-mail: oper@health.state.ny.us

Fax: (518) 402-6813

Mail: Shu-Yin John Leung
OPER, AIDS Institute, NYSDOH
Empire State Plaza CR342
Albany, New York 12237