



RECORD OF NALOXONE USE

Date of Naloxone use: _____

Amount of Naloxone used: _____ (ml or mg)

Amount of replacement Naloxone: _____ (mg)

Was the Naloxone used on a person? Yes No

If yes, on whom was the Naloxone used?

- Patient
- Adult family member
- Family member under age 18
- Friend/acquaintance
- Stranger
- Other _____
- Unknown

If No, what happened to the Naloxone?

- Lost
- Stolen
- Confiscated by Law Enforcement
- Other: _____

Who administered the Naloxone to the person who overdosed?

- Adult family member
- Family member under age 18
- Friend/acquaintance
- Stranger
- Law Enforcement
- Other _____
- Unknown

Was 911 called at the time of Naloxone use?

- Yes
- No
- Unknown

If 911 wasn't called, why not? _____

Was rescue breathing used?

- Yes
- No
- Unknown

What signs and symptoms described by the patient point to an actual overdose?

- Depressed respiration
- Unresponsive to stimulation
- Discoloration of lips, fingers, etc.
- Unconsciousness
- Other _____

What drugs, besides Heroin, were used at the time of the overdose? (Check all that apply)

- Alcohol
- Cocaine
- Marijuana/hashish
- Methadone
- Methamphetamine/Speed
- Other _____
- Unknown

What was the body site of Naloxone injection? _____

What was the route of Naloxone injection?

- Intravenous
- Intramuscular
- Subcutaneous
- Other _____
- Unknown

Approximately how many miles from a hospital emergency department did the overdose incident take place? _____

What was the clinical disposition of the episode? (Check all that apply)

- EMS
- Emergency Room
- Hospitalization
- Death
- Unknown

Other comments: _____

Provider: _____

Facility: _____

Phone: _____

Please send a copy of completed form to:

Atlanta Harm Reduction Center

472 Paines Avenue, NW

Atlanta, Georgia 30318

Fax: 404-817-9939