



OVERDOSE MEDICAL HISTORY FORM

Name _____ Date _____

The major person that Naloxone is intended for is:

___ Myself ___ Friend/partner ___ Family member: ___ Other: ___

The following questions are to be answered about the person the Naloxone is intended for

Name _____ Age _____ M F Race _____

Age first used: Any opiates _____ Daily opiates _____ Needle _____

Currently use >1-2 times/month: Cocaine? _____ Alcohol? _____ Speed? _____ Benzos? _____

How many times in: Detox (<7d) _____ Rehab (>7d) _____ Jail _____ Methadone _____

Number of times: Self Detoxed _____ Self OD'd _____ Witness OD _____ Witness OD death _____

NALOXONE EDUCATION CHECKLIST (participant initials all 7 topics) & ORDER TO DISTRIBUTE

_____ **OD prevention:** Educate using partners; know your source; purity testing, tie-release, "tasting"

_____ **Risk Factors:** mixing drugs (including cocaine), period of abstinence (as little as 3 days)

_____ --S-- **Signs of Overdose:** unresponsive to arousal / pain; slower breathing; blue lips **CALL FOR HELP!**

_____ --C-- **A & B of Life:** clear Airway of food / gum / etc. **Breath** rate >6-7/min. recovery position

_____ --A-- **Rescue Breathing:** Position; clear airway; pinch off nose; 2 big quick breaths

_____ --R-- every 5 seconds ... but in the meantime, have someone preparing Naloxone!

_____ --E-- evaluate...is it a good a time to inject Naloxone?

_____ --M-- **Naloxone:** KEEP IT HANDY!! Draw 1-2cc into syringe w/long needle; inject into arm, thigh, buttocks. Continue rescue breathing until it works. If they aren't waking up in 3-5 minutes, give another dose. If after 2 doses they are unresponsive, **GET THEM TO A HOSPITAL!!!!**

_____ --E-- **Aftercare:** Naloxone lasts 30-40 min in the blood. Keep them from using! Naloxone wears off in 30-60 min, so OD on long-acting opiates (methadone/oxy) may return. Be ready to give second dose and/or transport to the hospital

DISTRIBUTE: Naloxone/Narcan 0.4mg/ml, 10ml vial(s) – as needed RE-ISSUE IF USED, LOST or EXPIRED Syringes as needed: at least four 3cc-10cc with 18-23g 1-1½" needles with each vial

-----Give video(s), SCARE ME cards and any other educational materials as available-----

Outreach Worker

Date

Prescriber