

## Naloxone Use Report

1) Refill is needed because (check one):

- Lost
- Stolen
- Confiscated
- Expired
- Administered → **If administered, complete the remainder of the form.**

2) Date of Naloxone administration: \_\_\_\_\_ 3) County where administration took place: \_\_\_\_\_

4) Method of administration:

- Evzio auto injector
- Intramuscular Syringe
- Intranasal
- Other: \_\_\_\_\_

5) Did you or someone else report the overdose to the Maryland Poison Center?  Yes  No  Don't know

→ If yes, date reported: \_\_\_\_\_

IF YOU ADMINISTERED THE NALOXONE			IF SOMEONE ADMINISTERED NALOXONE TO YOU		
<b>6) Your information</b>			<b>6) Your information</b>		
Age	Gender	Relationship to the recipient <input type="checkbox"/> Friend <input type="checkbox"/> Partner <input type="checkbox"/> Client <input type="checkbox"/> Family <input type="checkbox"/> Stranger	Age	Gender	Relationship to person who administered <input type="checkbox"/> Friend <input type="checkbox"/> Partner <input type="checkbox"/> Client <input type="checkbox"/> Family <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown
<b>7) Naloxone recipient's information (if known)</b>			<b>Substances used at the time of the overdose (check all that apply):</b> <input type="checkbox"/> Prescription opioids: (type if known) _____ <input type="checkbox"/> Heroin <input type="checkbox"/> Cocaine/Crack <input type="checkbox"/> Methamphetamines/Speed <input type="checkbox"/> Alcohol <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Barbiturates Other _____		
Age	Gender				
<b>Substances used at the time of the overdose (check all that apply):</b> <input type="checkbox"/> Prescription opioids: (type if known) _____ <input type="checkbox"/> Heroin <input type="checkbox"/> Cocaine/Crack <input type="checkbox"/> Methamphetamines/Speed <input type="checkbox"/> Alcohol <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Barbiturates Other _____			<b>7) Person who administered information (if known)</b>		
			Age	Gender	
			<b>END</b>		
			Form complete if someone administered Naloxone to you		
<b>Overdose signs they exhibited (check all that apply)</b> <input type="checkbox"/> Loud snoring/gurgling <input type="checkbox"/> Breathing very shallow or not at all <input type="checkbox"/> Body very limp <input type="checkbox"/> Unconscious <input type="checkbox"/> Unresponsive <input type="checkbox"/> Skin pale/gray, clammy <input type="checkbox"/> Lips/fingertips blue <input type="checkbox"/> Pulse slow/no pulse Other _____					
<b>CONTINUE</b>					
Complete the remainder of the form if you administered Naloxone to someone else					

8) How many doses did you administer? \_\_\_\_\_

9) Where did the overdose take place? (check one)

- Apartment/house
- Healthcare facility
- School
- Restaurant
- Outdoor public space
- Outdoor private space

Other: \_\_\_\_\_

10) How recently did you attend an Overdose Response Training? (check one)

- Within the past week
- Within the past month
- 1-3 months ago
- 3-6 months ago
- 6 months to 1 year ago
- Over 1 year ago

11) Which actions did you take to respond to the overdose? (check all that apply)

- Sternum rub
- Called 911 or instructed someone else to call 911
- Rescue breathing
- Chest compressions
- Placed the person in recovery position

Other \_\_\_\_\_

12) How confident did you feel in your ability to respond to the overdose?

Not at all	A little	Mostly	Completely
1	2	3	4

13) How well do you feel your overdose training prepared you to respond?

Not at all	A little	Mostly	Completely
1	2	3	4

14) Did the individual survive?

- Yes
- No
- I don't know

15) Did the individual experience any side effects after Naloxone? (select all that apply)

- Vomited
- Had a seizure
- Felt sick/feelings of withdrawal
- Became angry/upset/confused
- None

Other \_\_\_\_\_

16) Did the individual go to the hospital/emergency department?

- Yes
- No

17) Did EMS provide care?

- Yes
- No
- I don't know

18) Did the individual become conscious *before* EMS arrived?

- Yes, they became conscious \_\_\_\_\_ minutes after I administered the first dose of Naloxone
- Yes, they became conscious \_\_\_\_\_ minutes after I administered the second dose of Naloxone
- No

19) Were police officers present?

- Yes
- No
- Don't know

20) If yes, how would you describe the interaction?

- Positive
- Neutral
- Negative

Additional information:

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<p>Please indicate the name of the Training Entity or OTP completing this report:</p>
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Complete to the best of your ability and send to the Overdose Response Program at the Behavioral Health Administration by email: [Dhmmh.naloxone@maryland.gov](mailto:Dhmmh.naloxone@maryland.gov) or fax: 410-402-8601.