

APPENDIX F
NALOXBOX USAGE REPORT FORM

Date: ___/___/___ **Time of Incident:** _____ **Location:** _____

Program Name: _____

Staff Involved: _____

Victim _____ **Age** _____ **Gender** _____ **Ethnicity** _____

Signs of Overdose present: (check all that apply) Unresponsive Breathing Slowly
 Not Breathing Blue Lips Slow Pulse No Pulse Other _____

Overdosed on what drugs? (check all that apply) Heroin Alcohol Methadone
 Benzos/ Barbiturates Cocaine/crack Suboxone Any other opioid
Unknown Other _____

DOSAGE: How many doses were administered?

___ 1 NARCAN NASAL SPRAY

___ 2 NARCAN NASAL SPRAY

More? _____

Did the individual respond to the NARCAN NASAL SPRAY? Yes No

Other: _____

Subjects post-naloxone withdrawal symptoms: (check all that apply) None Vomiting
Irritable/angry Combative Nauseous Muscle Aches Runny Nose
 Other _____

Was 911 called? Yes No

Other Actions Taken: (check all that apply) Sternal rub AED Recovery position
Bystander naloxone Rescue breathing Oxygen Chest compressions
 Other _____

What overdose response tools were used from the Naloxbox? (check all that apply) Gloves
 Multilingual instruction booklet CPR barrier device Alcohol Pads Naloxone Kit*

Disposition:

Transferred to Hospital: _____

Name of Ambulance service: _____

Notes/Comments: