# APPENDIX F

## NALOXBOX USAGE REPORT FORM

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time of Incident:</th>
<th>Location:</th>
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<table>
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<th>Program Name:</th>
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<th>Staff Involved:</th>
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<tr>
<th>Victim</th>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
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**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

**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 Nalobox?** (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:**