

Naloxone Use by VT Law Enforcement (LE) Report-Back Form

Date: / / Staff: _____ LE ID Number:

Department: _____

Date of Overdose: / / Time of Overdose: _____ : _____ AM PM clear

Gender of the person who overdosed?

- Female
 Male
 MtF
 FtM
 Unknown
clear

Signs of overdose present: *(check all that apply)*

- Unresponsive
 Breathing slowly
 Not breathing
 Blue lips
 Slow pulse
 No pulse
 Other (specify) _____

Overdosed on what drugs? *(check all that apply)*

- Heroin
 Benzos/Barbituates
 Cocaine/Crack
 Suboxone
 Any other opioid
 Alcohol
 Methadone
 Don't Know
 Other (specify) _____

Was naloxone given by LE during overdose?

- Yes
 No
 Don't know
clear

↳ If YES, number of doses used: | |

↳ If YES, did it work? *(If naloxone was not given by LE or did not work, please explain in comments)*

- Yes
 No
 Not sure
clear

↳ If naloxone delivered by LE worked, how long did it take to work?

- Less than 1 min
 1-3 min
 3-5 min
 >5 min
 Don't Know
clear

Response to LE naloxone: *(check one)*

- Responsive and alert
 Responsive but sedated
 No response to naloxone
clear

Post-naloxone withdrawal symptoms: *(check all that apply)*

- None
 Dope Sick (e.g. nauseated, muscle aches, runny nose, and/or watery eyes)
 Irritable or Angry
 Physically Combative
 Vomiting
 Other (specify): _____

Did the person live?
 Yes
 No
clear

What else was done? *(check all that apply)*

- Sternal rub / Lip rub
 Recovery Position
 Rescue breathing
 Chest Compressions
 Automatic Defibrillator
 Yelled
 Shook them
 Oxygen
 EMS naloxone
 Bystander naloxone
 Other (specify): _____

Disposition: *(check one)*

- Care transferred to EMS
 Other (specify): _____
clear

Notes / Comments