



# New York State Public Safety Naloxone Quality Improvement Usage Report

Print Form

Version: 05/23/2014

Date of Overdose: / /  Arrival Time of Officer:  :   AM  PM Arrival Time of EMS:  :   AM  PM

Agency Case #  Gender of the Person Who Overdosed:  Female  Male  Unknown Age:

Zip Code Where Overdose Occurred:  County Where Overdose Occurred:

### Aided Status Prior to Administering Naloxone: (Check one in each section)

Responsiveness:  Unresponsive  Responsive but Sedated  Alert and Responsive  Other: (specify)

Breathing:  Breathing Fast  Breathing Slow  Breathing Normally  Not Breathing

Pulse:  Fast Pulse  Slow Pulse  No Pulse  Did not check pulse

### Aided Overdosed on What Drugs? (Check all that apply)

Heroin  Benzos/Barbiturates  Cocaine/Crack  Buprenorphine/Suboxone  Pain Pills  Unknown Pills

Unknown Injection  Alcohol  Methadone  Don't Know  Other: (specify)

### Administration of Naloxone

Number of vials of naloxone used:

If naloxone worked, how long did naloxone take to work?  Less than 1 minute  1-3 minute(s)  3-5 minutes  >5 minutes  Don't Know

### Aided's Response to Naloxone:

Combative  Responsive and Angry  Responsive and Alert  Responsive but Sedated  No Response to Naloxone

### Post-Naloxone Symptoms: (Check all that apply)

None  Dope Sick (e.g. nauseated, muscle aches, runny nose and/or watery eyes)  Respiratory Distress

Seizure  Vomiting  Other: (specify)

### What else was done by officer? (check all that apply)

Yelled  Shook Them  Sternal Rub  Recovery Position  Bag Valve Mask  Mouth to Mask  Mouth to Mouth

Defibrillator: (If checked, indicate status of shock)  Defibrillator - no shock  Defibrillator - shock administered

Chest Compressions  Oxygen  Other: (specify)

### Was naloxone administered by anyone else at the scene? (check all that apply)

EMS  Bystander  Other:(specify)

Disposition: (check one)  Care transferred to EMS  Other (specify)

Did the person live?  YES  NO  Do not know

Hospital Destination  Transporting Ambulance

Comments:

Administering Officer's Information: Agency  Shield #

Last Name  First Name

Please send the completed form to the NYS Department of Health using any one of the three following methods:

E-mail: oper@health.state.ny.us

Fax: (518) 402-6813

Mail: Shu-Yin John Leung  
OPER, AIDS Institute, NYSDOH  
Empire State Plaza CR342  
Albany, New York 12237