



# New York State Public Safety Naloxone Quality Improvement Usage Report

Print Form

Date of Overdose:

Arrival Time of Officer:

Arrival Time of EMS:

/  /

:   AM  PM

:   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