

Overdose Prevention Program Report-Back Form

Date: / / Staff: _____ ID Number: Department: codes listed at bottom of form

Date of Overdose: / / Time of Overdose: _____ : _____ AM PM (circle one)

ZIP code where overdose occurred:

Gender of the person who overdosed?
 1 Female 2 Male 3 MtF 4 FtM 5 Unknown

Signs of overdose present: *(check all that apply)*
 1 Unresponsive 1 Breathing slowly 1 Not breathing 1 Blue lips
 1 Slow pulse 1 No pulse 1 Other (specify) _____

Overdosed on what drugs? *(check all that apply)*
 1 Heroin 1 Benzos/Barbituates 1 Cocaine/Crack 1 Suboxone 1 Any other opioid
 1 Alcohol 1 Methadone 1 Don't Know 1 Other (specify) _____

Was pilot program naloxone given during overdose?
 1 Yes 2 No 3 Don't know

└─ If YES, number of doses used:

└─ If YES, did it work? **(If pilot program naloxone was not given or did not work, please explain in comments)**
 1 Yes 2 No 3 Not sure

└─ If pilot program naloxone worked, how long did it take to work?
 1 Less than 1 min 2 1-3 min 3 3-5 min 4 >5 min 5 Don't Know

Response to pilot program naloxone: *(check one)*
 1 Responsive and alert 2 Responsive but sedated 3 No response to naloxone

Post-naloxone withdrawal symptoms: *(check all that apply)*
 1 None 1 Dope Sick (e.g. nauseated, muscle aches, runny nose, and/or watery eyes)
 1 Irritable or Angry 1 Physically Combative 1 Vomiting 1 Other (specify): _____

Did the person live? 1 Yes 2 No

What else was done? *(check all that apply)*
 1 Sternal rub / Lip rub 1 Recovery Position 1 Rescue breathing 1 Chest Compressions
 1 Automatic Defibrillator 1 Yelled 1 Shook them 1 Oxygen
 1 EMS naloxone 1 Bystander naloxone 1 Other (specify): _____

Disposition: *(check one)*
 1 Care transferred to EMS 2 Refused transport 3 Other (specify): _____

Notes / Comments

<p style="text-align: center;"><u>Department Codes</u></p> <p>01 – Quincy Police 03 – Revere Fire 04 – Gloucester Police 05 – Gloucester Fire</p>
