

OVERDOSE RESPONSE PROGRAM (ORP)

NALOXONE USE REPORT

Refill is needed because (check one):

- Lost
 Stolen
 Confiscated
 Expired
 Administered

→ **If administered, complete the remainder of the form.**

Date of naloxone administration: _____

County where administration took place: _____

Method of administration:

- Intramuscular Syringe
 Evzio auto injector
 Intranasal
 Narcan Nasal Spray
 Other:

Did you or someone else report the overdose to the Maryland Poison Center? Yes No Don't know

→ If yes, date reported: _____

IF YOU ADMINISTERED THE NALOXONE			IF SOMEONE ADMINISTERED NALOXONE TO YOU		
Your information			Your information		
Age	Gender	Relationship to the recipient <input type="checkbox"/> Friend <input type="checkbox"/> Partner <input type="checkbox"/> Client <input type="checkbox"/> Family <input type="checkbox"/> Stranger <input type="checkbox"/> Law Enforcement	Age	Gender	Relationship to person who administered <input type="checkbox"/> Friend <input type="checkbox"/> Partner <input type="checkbox"/> Client <input type="checkbox"/> Family <input type="checkbox"/> Stranger <input type="checkbox"/> Unknown
Naloxone recipient's information (if known)			Substances used at the time of the overdose (check all that apply): <input type="checkbox"/> Prescription opioids: (type if known) _____ <input type="checkbox"/> Heroin <input type="checkbox"/> Cocaine/Crack <input type="checkbox"/> Methamphetamines/Speed <input type="checkbox"/> Alcohol <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Barbiturates Other: _____		
Age	Gender				
Substances used at the time of the overdose (check all that apply): <input type="checkbox"/> Prescription opioids: (type if known) _____ <input type="checkbox"/> Heroin <input type="checkbox"/> Cocaine/Crack <input type="checkbox"/> Methamphetamines/Speed <input type="checkbox"/> Alcohol <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Barbiturates Other: _____			Person who administered information (if known)		
			Age	Gender	
			END		
			Form complete if someone administered Naloxone to you		
Overdose signs they exhibited (check all that apply) <input type="checkbox"/> Loud snoring/gurgling <input type="checkbox"/> Breathing very shallow or not at all <input type="checkbox"/> Body very limp <input type="checkbox"/> Unconscious <input type="checkbox"/> Unresponsive <input type="checkbox"/> Skin pale/gray, clammy <input type="checkbox"/> Lips/fingertips blue <input type="checkbox"/> Pulse slow/no pulse Other: _____					
CONTINUE					
Complete the remainder of the form if you administered Naloxone to someone else					

How many doses did you administer? _____

Where did the overdose take place? (check one)

- Apartment/house
- Healthcare facility
- School
- Restaurant
- Outdoor public space
- Outdoor private space

Other: _____

How recently did you attend an Overdose Response Training? (check one)

- Within the past week
- Within the past month
- 1-3 months ago
- 3-6 months ago
- 6 months to 1 year ago
- Over 1 year ago

Which actions did you take to respond to the overdose? (check all that apply)

- Sternum rub
- Called 911 or instructed someone else to call 911
- Rescue breathing
- Chest compressions
- Placed the person in recovery position

Other: _____

How confident did you feel in your ability to respond to the overdose?

Not at all	A little	Mostly	Completely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

How well do you feel your overdose training prepared you to respond?

Not at all	A little	Mostly	Completely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Did the individual survive?

- Yes
- No
- I don't know

Did the individual experience any side effects after Naloxone? (select all that apply)

- Vomited
- Had a seizure
- Felt sick/feelings of withdrawal
- Became angry/upset/confused
- None

Other: _____

Did the individual go to the hospital/emergency department?

- Yes
- No

Did EMS provide care?

- Yes
- No
- I don't know

Did the individual become conscious *before* EMS arrived?

- Yes, they became conscious _____ minutes after I administered the first dose of Naloxone
- Yes, they became conscious _____ minutes after I administered the second dose of Naloxone
- No

Were police officers present?

- Yes
- No
- Don't know

If yes, how would you describe the interaction?

- Positive
- Neutral
- Negative

Additional information:

Please indicate the ORP or Training Entity completing this form: _____

Complete to the best of your ability and send to the Overdose Response Program at the Behavioral Health Administration by email: Dhnh.naloxone@maryland.gov or fax: 410-402-8601.