



- Consumer
- Professional Staff
- Community Member
- Family Member / Personal Contact

Overdose Prevention & Naloxone Use Report

Date: _____ Educator Name: _____ Case#: _____

1. Date of Overdose _____
2. What opiate was the overdose caused by?
___ Heroin ___ Methadone ___ Prescription Opiate _____ ___ Unknown
3. Were there more than just opiates involved in the overdose? ___ Yes ___ No
____ Unknown
If yes, what other drugs were being used?
___ Alcohol ___ Cocaine ___ Benzodiazepines (Valium, Xanax, Clonipin...)
___ Speed ___ Unknown
4. How long were they unresponsive before Naloxone was used?
___ <5 minutes ___ 5-15 minutes ___ >15 minutes ___ Unknown
5. How much Naloxone was needed, and how was it administered?
Administration Type: _____ ___ 1cc ___ 2cc ___ Other
6. Did you do rescue breathing? ___ Yes ___ No
Did you use a rescue breathing barrier? ___ Yes ___ No
7. Did the overdose return as the Naloxone wore off? ___ Yes ___ No ___ Unknown
If yes, how long did it take for the overdose to return?
___ <30 minutes ___ 30-60 minutes ___ >60 minutes
8. Did you call 911? ___ Yes ___ No

Notes _____ (use reverse)