

Naloxone Administration - Pennsylvania

Please return completed forms to the Philadelphia/Camden HIDTA office

Email: narcan@pchidta.org

Fax: 215-863-3495

AGENCY NAME		AGENCY INCIDENT NUMBER		DATE OF OVERDOSE		TIME OF OVERDOSE <input type="radio"/> AM <input type="radio"/> PM	
OVERDOSE OCCURRED - City		County	Zip Code	VICTIM RESIDENCE - City		State	Zip Code
GENDER OF THE VICTIM Male Female Unk.		AGE	RACE/ETHNICITY OF THE VICTIM White Black Hispanic Asian/Indian Native American Pacific Islander				

Signs of Overdose Present (Check all that apply.)

Weak Pulse	Shallow Breathing	Blue Lips	Unresponsive
Slow Pulse	Breathing Slowly	Other (specify) _____	

Suspected Overdose on What Drugs? (Check all that apply.)

Heroin	Benzos/Barbituates	Cocaine/Crack	Don't Know
Alcohol	Methadone	Suboxone	Other (specify) _____

Evidence

Evidence Secured		Drugs	Paraphernalia
Heroin	Stamp (Text/Color): _____	Desc. Image: _____	
	Stamp (Text/Color): _____	Desc. Image: _____	
Opiate Pills	Pill Type: _____	Dr.'s Name: _____	

Details of Naloxone Administration

WAS NALOXONE ADMINISTERED BY ANYONE ELSE AT THE SCENE?		IF YES, BY WHOM? (Check all that apply.)			
Yes	No	EMS	Bystander	Other (specify) _____	
NUMBER DOSES USED	HOW LONG DID IT TAKE FOR THE NALOXONE TO WORK?				
	<1 Min.	1-3 Min.	3-5 Min.	>5 Min.	Don't Know Did Not Work
PERSON'S RESPONSE TO NALOXONE		Combative	Responsive and Angry		DID THE PERSON SURVIVE?
Responsive and Alert		Responsive but Sedated	No Response to Naloxone		Yes No
POST-NALOXONE SYMPTOMS (Check all that apply.)					
None	Seizure	Dope Sick (e.g., nauseated, muscle aches, runny nose, and/or watery eyes)			
Vomiting	Respiratory Distress	Other (specify) _____			
OTHER ACTIONS TAKEN (Check all that apply.)					
Sternal Rub		Recovery Position	Rescue Breathing	Chest Compressions	
Automatic Defibrillator		Yelled	Shook the Person	Oxygen	
Other (specify) _____					
NALOXONE LOT #			EXPIRATION DATE		

Notes/Comments

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OFFICER'S NAME/BADGE #	OFFICER'S SIGNATURE/DATE	CONTACT PHONE NUMBER
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