

# Naloxone Administration - Pennsylvania

Please return completed forms to the Philadelphia/Camden HIDTA office

Email: [narcan@pchidta.org](mailto: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		AGE	RACE/ETHNICITY OF THE VICTIM				
Male Female Unk.			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	
Responsive and Alert		Responsive but Sedated		No Response to Naloxone	
					DID THE PERSON SURVIVE?
					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	
Automatic Defibrillator		Yelled		Shook the Person	
Other (specify) _____				Chest Compressions Oxygen	
NALOXONE LOT #			EXPIRATION DATE		

## Notes/Comments

Notes/Comments		
----------------	--	--

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