



- Consumer
- Professional Staff
- Community Member
- Family Member/Personal Contact
- Law Enforcement/First Responders

Naloxone Use Report

Date: _____ Trainer: _____ Participant#: _____

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

If yes, what other drugs were being used?
 Cocaine Alcohol Valium/Xanax/Ativan/Klonopin Speed Clonidine PCP
4. How long were they unresponsive before Naloxone was used?
 <5 minutes 5-15 minutes >15 minutes Unknown
5. How many Region 10 Naloxone doses were administered?
Nasal _____ IM _____ Auto Injector _____ Narcan _____
6. Did you do rescue breathing? YES NO
If yes, 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. Was 911 called? YES NO
9. Did they receive emergency medical attention? YES NO
10. Did the person live? YES NO Unknown

Other comments: (please note if additional doses were needed)