



SAMPLE

Law Enforcement Naloxone Treatment Reporting Form

Department of Criminal Justice Services - Byrne/JAG Naloxone for Law Enforcement Grant
Complete one form for each overdose victim treated.

Law Enforcement Agency: _____	
Reporting Officer/Deputy: _____ ID # _____	
Location: _____	
Date: ____ / ____ / ____ Time: ____ : ____	
1. How many overdose victims were treated? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more	2. Were any children 12 years old or younger, who were associated with the overdose victim, present at the scene of the overdose? <input type="checkbox"/> none <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more
3. Where did the drug overdose occur? <input type="checkbox"/> residence <input type="checkbox"/> business <input type="checkbox"/> office <input type="checkbox"/> street <input type="checkbox"/> parking lot <input type="checkbox"/> open space <input type="checkbox"/> other _____	4. Gender of the overdose victim? <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> unknown
5. Age range of the overdose victim? <input type="checkbox"/> 17 or less <input type="checkbox"/> 18-29 <input type="checkbox"/> 30-40 <input type="checkbox"/> 41-60 <input type="checkbox"/> 61 and over <input type="checkbox"/> unknown	6. Race-Ancestry of the overdose victim? <input type="checkbox"/> African American/black <input type="checkbox"/> Caucasian/white <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Unknown
7. Overdose symptoms? (Check all that apply) <input type="checkbox"/> Looked blue <input type="checkbox"/> Would not wake up <input type="checkbox"/> Not breathing <input type="checkbox"/> No response to stimuli <input type="checkbox"/> other _____	8. What drugs were associated with the overdose? (Present or suspected, check all that apply) <input type="checkbox"/> heroin <input type="checkbox"/> morphine <input type="checkbox"/> fentanyl <input type="checkbox"/> oxycodone <input type="checkbox"/> codeine <input type="checkbox"/> methadone <input type="checkbox"/> cocaine/crack <input type="checkbox"/> meth <input type="checkbox"/> alcohol <input type="checkbox"/> other <input type="checkbox"/> unknown
9. How many doses of Naloxone were administered to the victim? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more	10. What was the overdose victim's response to the Naloxone treatment? <input type="checkbox"/> revived <input type="checkbox"/> died <input type="checkbox"/> undetermined
11. Did you experience any problems using the Naloxone kit? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please describe: _____ _____ _____ _____	