

Attachment 1 - NALOXBOX USAGE REPORT FORM

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ Time of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location (specific to facility):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Involved:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Victim:

[ ] Child

[ ] Adult

Signs of Overdose present: (check all that apply)

[ ] Unresponsive [ ] Breathing Slowly  [ ] Not Breathing [ ] Blue Lips

[ ] Slow Pulse [ ] No Pulse [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOSAGE: How many doses were administered?

 \_\_\_ 1 NARCAN NASAL SPRAY

 \_\_\_ 2 NARCAN NASAL SPRAY

 More? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the individual respond to the NARCAN NASAL SPRAY?

[ ] Yes [ ] No

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was 911 called?

[ ] Yes [ ] No

If no, reason why not:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What overdose response tools were used from the Naloxbox? (check all that apply)

[ ] Gloves   [ ] Multilingual instruction booklet [ ] CPR barrier device [ ] Alcohol pads

[ ] Naloxone medication

Disposition:

[ ] Transferred by EMS
[ ] Refused transport

Notes:

When complete, and within 48 hours of incident, please fax to 330-430-7857
Attn: Outreach Specialist

CCPH will make arrangements with facility contact to replace used or missing naloxone.
For questions, please contact our Outreach Specialist at 330.438.4655.