Naloxone Administration - Pennsylvania

Please return completed forms to York/Adams Drug and Alcohol Commission

Email: Yadac-narcan@yorkcountypa.gov OR Fax: 717-771-9709

AGENCY NAME	AGENCY INCIDENT NUMBER	DATE OF OVERDOSE	TIME OF OVERDOSE ☐AM ☐PM

OVERDOSE OCCURRED - *City/ Municipality*	*County*	*Zip Code*	VICTIM RESIDENCE - *City*	*State*	*Zip Code*

GENDER OF THE VICTIM

☐ Male ☐ Female ☐ Unknown

RACE/ETHNICITY OF THE VICTIM

☐ White/ Islander ☐ Black ☐ Hispanic ☐ Asian/Indian ☐ Native American ☐ Pacific

AGE

HAS THE RESPONDING AGENCY ADMINISTERED NALOXONE IN THE PAST? ☐ Yes ☐ No ☐ Unknown

Details of Naloxone Administration

 # DOSES YOU ADMINISTERED _____

NALOXONE VOLUME ☐ 4 MG ☐ Other

 # DOSES ADMINISTERED BY SOMEONE ELSE *(Enter all that apply)*

EMS____FIRE_____Other LE_____BYSTANDER _____ OTHER ____

DID THE PERSON SURVIVE?

☐ Yes ☐ No ☐ Unknown

HOW LONG DID IT TAKE FOR 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

IF THE PERSON WAS REVIVED, WHAT HAPPENED NEXT?

☐ Arrest ☐ Transported to Hospital (Name):_____Refused

☐ Hospital Transportation Other: _____

WAS NALOXONE DISTRIBUTED TO VICTIM? ☐ Yes ☐ No (Reason) _____

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

☐ Heroin/Fentanyl ☐ Benzos/Barbituates ☐ Cocaine/Crack ☐ Unknown ☐ Other Opiates

☐ Alcohol ☐ Methadone ☐ Suboxone ☐ Other(*specify)* _____

Evidence

☐ Evidence Secure ☐ Drugs ☐ Paraphernalia

☐ Heroin Stamp *(Text/Color)* _____ Desc. Image: _____

Stamp *(Text/Color)* _____ Desc. Image: _____

☐ Opiate Pills Pill Type: _____ Dr.'s Name: _____

NALOXONE LOT #	EXPIRATION DATE

Notes/Comments

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

Rev: 11/02/2017