

Naloxone Administration - Pennsylvania

Please return completed forms to Southern Alleghenies EMS Council

Email: saems@saems.com OR Fax: 814-201-2429

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 Male Female Unk.		AGE	RACE/ETHNICITY OF THE VICTIM White Black Hispanic Asian/Indian Native American Pacific Islander		
HAS THE VICTIM RECEIVED NALOXONE IN THE PAST?		Yes	No	Unknown	

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

Heroin	Benzos/Barbituates	Cocaine/Crack	Unknown
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

HOW MANY DOSES DID YOU ADMINISTER?	NUMBER OF DOSES ADMINISTERED BY SOMEONE ELSE (Enter all that apply.) EMS____ Other LE____ Bystander____ Other____				
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	Unknown			
IF THE VICTIM WAS REVIVED, WHAT HAPPENED NEXT?					
Arrest	Hospital	Released Free	Other_____		

NALOXONE LOT #	EXPIRATION DATE
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Notes/Comments

NAME/BADGE #	SIGNATURE/DATE	CONTACT PHONE NUMBER
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SUBMIT THIS FORM CLICK HERE