

Preventing Overdose & Naloxone Intervention

PLEASE PRINT CLEARLY

First Name:																				
Last Name:																				

Have you ever witnessed an overdose or overdosed yourself?
 Yes No

In case of a medication recall, what is the best way for us to reach you? (Please give 2 ways)

1. _____ 2. _____

The following information will be shared with the Rhode Island Department of Health to help track naloxone distribution in the state. Your name or contact information will NOT be shared.

Recipient Race/Ethnicity: (Check all that apply)

American Indian/Alaska Native Asian Black/African American White
 Hispanic/Latino Native Hawaiian/Other Pacific Islander Other Unknown

Gender: (Check all that apply)

Male Female Non-binary Transgender Not listed Unknown

Age:

Under 18 18-24 25-34 35-44 45-54 55-64 65 and over

Where the naloxone will be kept:

City/Town: _____ Zip Code: _____

Recipient signature: _____ Date: ____ / ____ / ____

1. Have you received a naloxone / Narcan kit in the past?
 Yes No

.....

*If **YES**, you received a naloxone kit in the past:*

2. What kind(s) of kit(s) did you **last** receive? (Check all that apply)

Intramuscular Intranasal Not sure

3. What did you do with the **last** kit(s) you received? (Check all that apply)

Still have it Gave it to someone else Other
 Lost it It expired / Returned It Used it

.....

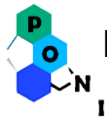
*If you **USED** your last naloxone kit:*

4. Have you reported what happened when you used your kit to us before?
 Yes No

If **NO**, please answer questions on back

-----For Organizational Use -----

Agency:		IM Doses:	
City:		IM Lot #:	
Event:		Category:	HR TC CT
Date:	/ /	Narcan Doses:	
Trainer Signature:		Narcan Rx #:	



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1. Was your last naloxone kit used in an overdose situation?

Yes No

*If **YES**, your last naloxone kit was used in an overdose situation:*

2. Date of naloxone use: ___/___/___ 3. City/town of overdose: _____

4. Type of naloxone used: (Check all that apply)

Intramuscular Intranasal Other Not sure

5. Number of doses used: _____

6. Was the person who overdosed someone you knew?

Yes No

7. What was the reversal response experience? (Check all that apply)

Awake/alert Groggy Person did not wake up Physically violent
 Irritable/angry Physical withdrawal (nauseated, muscle ache, runny nose, etc.)

8. Was 911 called?

Yes No Unknown

*If **YES**, 911 was called:*

9. If **yes**: How would you describe the interaction with law enforcement?

Positive Neutral Negative Police did not respond Unknown

10. Was an arrest made?

Yes No Unknown

11. Did the person who overdosed survive?

Yes No Unknown

NALOXONE CHECKLIST FOR DISTRIBUTION

1. The best way to reduce the risk of overdose is to take medication as prescribed or not use opioids. However, if you use opioids, what are 2 things you can do to reduce the risk of fatal overdose?

a. _____ b. _____

2. What are two signs of opiate overdose?

a. _____ b. _____

3. Describe how to correctly perform **rescue breathing**. (Circle the correct answer)

- a. chest compressions, recovery position, pinch nose, 1 breath every 5 seconds
- b. tilt head, chest compressions, 1 breath every 5 seconds
- c. lay person on back, tilt head, pinch nose, 2 quick breaths, 1 breath every 5 seconds
- d. pinch nose, 1 breath every 5 seconds

4. Where on someone's body can you administer naloxone? _____

5. If someone does not respond to a dose of naloxone, how long should you wait to administer a second dose?

_____ - _____ minutes

6. If you think you are witnessing an overdose, in what order do you do the following things if someone is unresponsive? (Number 1 – 3)

- _____ Administer Naloxone
- _____ Call 911
- _____ Support Ventilation (CPR or Rescue Breathing, depending on level of comfort and training.)

7. Which of the following depicts the recovery position? (Circle correct answer)

