



SUBSTANCE USE DISORDER AND RECOVERY SERVICES (SUDRS)
USE OF NALOXONE (NARCAN) OUTCOMES REPORT

Please complete this form as soon as possible following the overdose event and then call us 24 hours a day, 7 days a week, toll free at **(800) 968-2636** to submit the report.

You **do not** need to identify yourself or the person who overdosed!

Date of overdose (OD)	Zip Code of OD	Gender identity of person				
		<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> MtF	<input type="checkbox"/> FtM	<input type="checkbox"/> Other

SIGNS OF OVERDOSE (Check all that apply)			
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Breathing slowly	<input type="checkbox"/> Not breathing	<input type="checkbox"/> Blue lips
<input type="checkbox"/> Slow pulse	<input type="checkbox"/> No pulse	<input type="checkbox"/> Other (specify)	

WHAT DID PATIENT OD ON? (Check all that apply)		
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Benzos/Barbiturates	<input type="checkbox"/> Cocaine/Crack
<input type="checkbox"/> Heroin	<input type="checkbox"/> Methadone	<input type="checkbox"/> Suboxone
<input type="checkbox"/> Any other opioid	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Don't know

Did you use the Narcan spray we gave you? Yes No

How many of the Narcan sprays did you use on the OD patient? 1 2 3

Did the Narcan spray stop the overdose? Yes No Don't know (DK)

How long did it take to work? <1 min. 1-3 min 3-5 min > 5 min DK

Did the person live? Yes No Don't know

Did the person who gave the OD patient the Narcan feel OK with using it?				
<input type="checkbox"/> Not at all	<input type="checkbox"/> 25%	<input type="checkbox"/> 50%	<input type="checkbox"/> 75%	<input type="checkbox"/> 100%

Do you think the OD patient was glad you gave it to them? (if known)
 Yes No Don't know

After the overdose, did the person receive any type of counseling for, or enter any type of treatment for, substance use? Yes No Don't know

Call us 24 hours a day, 7 days a week, toll free at **(800) 968-2636** to submit this report.
You **do not** need to identify yourself or the person who overdosed!