Public Health
Prevent. Promote. Protect.
Harford County Health Department

OVERDOSE RESPONSE PROGRAM (ORP)
NALOXONE USE REPORT

Date of naloxone administration	_____ / _____ / _____

Method of administration

☐Intramuscular Syringe ☐ Evzio auto-injector ☐ Amphastar Nasal Spray ☐Narcan Nasal Spray

Did you or someone else report the overdose to the Maryland Poison Center?	☐Yes ☐No ☐Don't know

If yes, date reported: _____ / _____ / _____

Naloxone recipient's information (if known)

Name:

Age: **Gender:** ☐ Male ☐ Female

Person administering the naloxone's information

Name:

Age: **Gender:** ☐ Male ☐ Female

Relationship to recipient ☐ Friend ☐Partner ☐Client ☐Family ☐Stranger

☐ Law Enforcement (Agency/Dept.): _____ ☐ Other: _____

Where did the overdose take place? (check one)

☐Apartment/house	☐ School	☐ Outdoor public space
☐Healthcare facility	☐Restaurant	☐Outdoor private space
☐ Other: _____		

Substances used at the time of the overdose (check all that apply)

☐Heroin	☐Benzodiazepines
☐Cocaine/Crack	☐Barbiturates
☐ Methamphetamines/Speed	☐ Prescription opioids: (type if known) _____
☐ Alcohol	☐ Other: _____

Overdose signs they exhibited (check all that apply)

☐Loud snoring/gurgling	☐ Unconscious	☐ Lips/fingertips blue
☐Breathing very shallow or not at all	☐Unresponsive	☐Pulse slow/no pulse
☐Body very limp	☐Skin pale/gray, clammy	☐ Other: _____

How many doses did you administer?	_____

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Which actions did you take to respond to the overdose? (check all that apply)

- ☐Sternum rub
- ☐Called 911 or instructed someone else to call 911
- ☐Rescue breathing
- ☐ Chest compressions
- ☐ Placed the person in recovery position
- ☐ Other: _____

How recently did the person administering the naloxone attend an Overdose Response Training?

- ☐Within the past week
- ☐ Within the past month
- ☐1-3 months ago
- ☐ 3-6 months ago
- ☐ 6 months to 1 year ago
- ☐ Over 1 year ago

How confident did the person administering the naloxone feel in their ability to respond to the overdose?

☐ Not at all ☐ A little ☐ Mostly ☐ Completely

Did the Overdose Response Training prepare the person administering the naloxone to respond?

☐ Not at all ☐ A little ☐ Mostly ☐ Completely

Did the individual survive? ☐Yes ☐No ☐Unknown

Did the individual experience any side effects after Naloxone? (select all that apply)

- ☐Vomited
- ☐Had a seizure
- ☐Felt sick/feelings of withdrawal
- ☐Became angry/upset/confused
- ☐None
- ☐ Other: _____

Did the individual go to the hospital/emergency department? ☐Yes ☐No

Did EMS provide care? ☐ Yes ☐No ☐I don't know

Did the individual become conscious *before* EMS arrived?

- ☐ Yes, they became conscious _____ minutes after the first dose of Naloxone
- ☐Yes, they became conscious _____ minutes after the second dose of Naloxone
- ☐No

Were police officers present? ☐ Yes ☐No ☐I don't know

If yes, how would you describe the interaction? ☐ Positive ☐Negative ☐Neutral

Additional information:

Please complete to the best of your ability and send to the Harm Reduction Unit at hchd.harmreduction@maryland.gov.

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