

# Overdose Prevention & Naloxone Enrollment Form

Date:    /    /    Staff: \_\_\_\_\_ Site:    Location:   

Unique Identifier:    First 3 letters of mother's first name:    Two digit day of birth:    Middle initial of consumer:    Last two digits of birth year:    M, F or T for client's gender:   

**Participant is (check one): (NOTE: All staff are Non-Users)**

Active User    In Treatment    In Recovery    Non-User

**You plan to use overdose education for (check all that apply):**

Friend    Partner    Client    Self    Family    Other: \_\_\_\_\_

What is the zip code where the enrollee lives?   

**Race:(check one)**

American Indian  
 Asian  
 Black/African American  
 Hawaiian/Pacific Islander  
 White  
 Other: \_\_\_\_\_

**Latino/Hispanic**

No    Yes

**Gender:**

Female  
 Male  
 MtF  
 FtM

**ALL PARTICIPANTS:**

How many times have you **witnessed** an overdose in your life? # \_\_\_\_\_ (Write in the **NUMBER**. Never = 0.)

Naloxone Lot #     
 Naloxone Lot #   

Expiration Date:    /     
 Expiration Date:    /   

No. of doses given: \_\_\_\_\_

**ACTIVE USERS, IN TREATMENT, OR IN RECOVERY:**

**During the last thirty (30) days, did you use any of the following substances?** (Write in the **NUMBER** of days used. No use in past 30 days = 0)

Heroin # \_\_\_\_\_  
 Methadone # \_\_\_\_\_  
 Suboxone/Subutex / buprenorphine # \_\_\_\_\_  
 Benzos/Barbituates (Klonopin, Xanax, Ativan, Valium, Librium, Phenobarbital, Fiorinal, etc) # \_\_\_\_\_  
 Amphetamines # \_\_\_\_\_  
 Cocaine/Crack # \_\_\_\_\_  
 Alcohol # \_\_\_\_\_  
 Methamphetamine # \_\_\_\_\_  
 Any other opioid (Percocet, OxyContin, Oxycodone, Vicodin, Darvocet, Fentanyl, etc) # \_\_\_\_\_  
 Other: \_\_\_\_\_ # \_\_\_\_\_

**During the past year how many times did you:**

(Write in the **NUMBER**. "Not in the last year" & "never" = 0)

Visit the emergency room? # \_\_\_\_\_  
 Visit your primary care doctor? # \_\_\_\_\_  
 Get released from jail or prison? # \_\_\_\_\_  
 Go to inpatient Detox # \_\_\_\_\_  
 Start a methadone Program # \_\_\_\_\_  
 Start a suboxone program # \_\_\_\_\_  
 Start residential treatment # \_\_\_\_\_  
 Start outpatient / intensive outpatient treatment # \_\_\_\_\_  
 Go to self-help meetings  
 Not in last year    1-10x    More than 10x  
 Spend the night on the street or in a shelter?  
 Not in last year    1-10x    More than 10x

How many times have you overdosed **in your life**? (Write in the **NUMBER**. Never = 0) # \_\_\_\_\_

Did you **ever** receive naloxone?  No    Yes, from non-medical person  
 (may check more than one box)  Yes, from medical personnel (ER/EMT/Paramedics)

What drugs were **taken the last time**? (may check more than one box)  
 Heroin    Benzos/Barbituates    Cocaine/Crack    Clonidine  
 Methadone    Suboxone    Any other opioid    Methamphetamine  
 Alcohol    Other: \_\_\_\_\_

**REFERRAL QUESTION :** Is client interested in referral to treatment?  
 No/Not Appropriate    Yes, but not today    Yes, today    Did not discuss    Currently in treatment    On waiting list

**Notes/Comments:**

# OD Management & Naloxone Review

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## Staff Initials

	<p><b><u>Refill and Follow-Up Orientation</u></b>                  Refills available at the program distributing naloxone                  Come to the van to tell us of your experiences</p>															
	<p><b><u>Overdose prevention techniques</u></b>  <b>Educate those you use with!</b> Purity testing, tie-release, gradual injecting, know the source                  Risk factors: mixing drugs, abstinence, using alone.</p>															
	<p><b><u>Signs of Overdose</u></b>                  Slower/Stopped breathing; Not responsive to verbal or physical stimulation; Turning blue  <b>Call 911</b></p>															
	<p><b><u>A&amp;B of life: airway and breath</u></b>                  Airway: remove gum, food, anything in mouth                  Breath: if stopped or slowed breathing, <b>you must breathe for them(rescue breathing)</b>                  If you must leave the person, call 911 and place in <b>recovery position</b></p>															
	<p><b><u>Rescue Breathing</u></b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">On back</td> <td style="width: 50%;">Pinch nose</td> </tr> <tr> <td>Lift chin to straighten airway</td> <td>Seal mouth over theirs</td> </tr> <tr> <td>Clear mouth</td> <td>Two breaths to begin, then one every five seconds</td> </tr> </table>	On back	Pinch nose	Lift chin to straighten airway	Seal mouth over theirs	Clear mouth	Two breaths to begin, then one every five seconds									
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	<p><b><u>Naloxone</u></b>                  Store away from light and at room temperature                  Keep naloxone with your works                  Spray about half up each side of the nose                  Breathe for them until it starts working                  If not working after five minutes try another dose                  If second dose doesn't work in five minutes, something else is wrong: <b>call 911</b></p>															
	<p><b><u>Return of Overdose</u></b>                  Naloxone lasts 30-90 minutes                  Heroin overdose could last two hours                  Methadone overdose could last 24 hours: <b>get to a hospital</b>                  Multi-drug OD (alcohol, benzos, cocaine) could be more dangerous: <b>get to a hospital</b></p>															
	<p><b><u>Kit Assembly</u></b>                  Enrolled individual can assemble naloxone kit for use during overdose</p>															
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