

TAKE HOME NALOXONE: DRUG POISONING (OVERDOSE) RESPONSE INFORMATION FORM

*Please complete this form after you use a naloxone kit
And E-MAIL to naloxone@bccdc.ca
If you don't have e-mail please fax to 604.707.2516*

Today's Date: _____

1. Which formulation of naloxone was given?

- | | | |
|--|--|---|
| <input type="checkbox"/> Injectable
(Intramuscular) | <input type="checkbox"/> Nasal
(Intranasal) | <input type="checkbox"/> Both formulations were given |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to say | |

2. When did the drug poisoning (overdose) happen? (month and year)

- | | | | |
|-------|------|-------------------------------------|--|
| MONTH | YEAR | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to say |
|-------|------|-------------------------------------|--|

3. In what city/town/community did the drug poisoning (overdose) happen?

- Don't know Prefer not to say

4. Describe the drug poisoning (overdose) event

- | | | | |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> Person who experienced the drug poisoning was found alone | <input type="checkbox"/> Person experienced the drug poisoning in front of others | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to say |
|--|---|-------------------------------------|--|

5. Where did the person experience the drug poisoning (overdose)?

- | | | | |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> Private Residence | <input type="checkbox"/> Supportive Housing | <input type="checkbox"/> SRO | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Tent | <input type="checkbox"/> Street/Alley/Park | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Community Agency/Drop-In |
| <input type="checkbox"/> Bar/Night-Club/Concert/Festival | <input type="checkbox"/> Other | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to say |

6. Did anyone call 911?

- | | | | |
|-------------------------------------|---|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No – had the situation under control | <input type="checkbox"/> No – worried police would come | <input type="checkbox"/> No – worried family services would be notified |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> No – Other Reason | |

7. If 911 was called, which first responder(s) arrived FIRST (check ALL that apply if they arrived at the same time)

- | | | | |
|-------------------------------|------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Fire | <input type="checkbox"/> Ambulance | <input type="checkbox"/> Police | <input type="checkbox"/> Prefer not to say |
|-------------------------------|------------------------------------|---------------------------------|--|

8. If 911 was called did police attend the drug poisoning (overdose)?

- Yes No Don't know Prefer not to say

9. Did anyone do rescue breathing (mouth to mouth)?

- Yes No – person was breathing No – other reason Prefer not to say

10. Was there anything that made it difficult to respond to the drug poisoning? (check ALL that apply)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Did not know if it was a drug poisoning | <input type="checkbox"/> Did not know how to give injectable naloxone (if used) | <input type="checkbox"/> Had trouble preparing or giving injectable naloxone | <input type="checkbox"/> The physical setting of the drug poisoning (e.g. temperature, available light) |
| <input type="checkbox"/> Did not have a kit nearby | <input type="checkbox"/> Did not know how to give nasal naloxone (if used) | <input type="checkbox"/> Had trouble preparing or giving nasal naloxone | <input type="checkbox"/> The social setting of the drug poisoning (e.g. crowded area, no one to help, others intervening) |
| <input type="checkbox"/> Yes – Other Reason | <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |

11. How many doses of naloxone were given? If both formulations were used, enter total of each

doses of **injectable** given:

doses of **nasal** given:

- Don't know Prefer not to say

12. Did the person who received naloxone have any negative effects (check ALL that apply)?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes – withdrawal (mild) | <input type="checkbox"/> Yes – withdrawal (moderate) | <input type="checkbox"/> Yes – withdrawal (severe) |
| <input type="checkbox"/> Yes – was aggressive | <input type="checkbox"/> Yes - Other | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to say |

13. Did the person who experienced the drug poisoning (overdose):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Travel by ambulance to hospital | <input type="checkbox"/> Travel by other transport to hospital | <input type="checkbox"/> Decline transport to hospital | <input type="checkbox"/> Prefer not to say |
|--|--|--|--|