Chesapeake Public Schools

OVERDOSE REVERSAL AND NALOXONE ADMINISTRATION REPORTING FORM

Patient Name : _____ School : _____ Date Completing Form: _____

Responder's Name: _____ 1st Responder ☐ Bystander/ Outreach ☐

Location of Use/Location of Overdose City/Town/Community _____

Class/Room#: _____ County: _____ Zip code: _____

Location: ☐ Clinic ☐ Cafeteria ☐ Office ☐ Computer Lab ☐ Parking lot ☐ Restroom ☐ Hallway ☐ Gymnasium ☐ Playground ☐ Auditorium ☐ Media Center ☐ Other: _____

About the Person: Fill in answers to the best of your knowledge:

☐ Male ☐ Female ☐ Transgender ☐ Other _____ Age: _____

Ethnicity: ☐ Hispanic/Latino ☐ Non Hispanic/Latino

Race: ☐ African American/Black ☐ Native American ☐ Unknown ☐ Caucasian/White ☐ Asian/Pacific Islander ☐ Other Race/Ethnicity Please Specify: _____

Specific Drugs Used:
(Check all that apply)

☐ Heroin If (YES), Please specify Method: ☐ *Injection* ☐ *Sniff* ☐ *Swallow* ☐ *Smoke* ☐ *Unknown*

☐ Fentanyl ☐ Methadone ☐ Cocaine ☐ Benzodiazepine ☐ Cannabis ☐ Alcohol ☐ Opiate Pain medication (Specify if Known) _____

List Other Drugs/ Medications ☐ _____

Condition of Person:

1. Was the person conscious before naloxone was used? ☐ Yes ☐ No
2. How was naloxone administered? ☐ Injected in the muscle ☐ Sprayed in the nose
3. How many doses of naloxone were used? ☐ One ☐ Two ☐ More than 2 (Please Specify): _____
4. Other Actions Taken: (Check all that apply) ☐ Rescue Breathing ☐ Chest Compressions ☐ Sternal Rub ☐ Recovery Position ☐ Called 911
5. Did the person go to the hospital? ☐ Yes ☐ No ☐ Refused If Yes, list name of hospital if known: _____
6. Did the person survive? ☐ Yes ☐ No ☐ Unknown 7. Date naloxone was administered: _____
8. Was naloxone ever received in the past? ☐ Yes ☐ No ☐ Unknown

Please provide any additional information:

_____

_____

Name and Signature of Program Director and Health Care Professional

_____ _____ _____

Principal Printed Name Principal Signature Date

_____ _____ _____

School Health Advisor Printed Name School Health Advisor Signature Date

A copy of this report shall be submitted to Health Services within 24 hours of administration
A call to Health Services shall be made the same day as administration.