

# Naloxone Administration - Pennsylvania

Please return completed forms to William Miller, LTS EMS Council office within 72 hours

Email: [wmiller@lyco.org](mailto:wmiller@lyco.org) / Fax: 570-433-4435

AGENCY NAME		AGENCY INCIDENT NUMBER		DATE OF OVERDOSE		TIME OF OVERDOSE <input type="radio"/> AM <input type="radio"/> PM	
OVERDOSE OCCURRED - City		County	Zip Code	VICTIM RESIDENCE - City		State	Zip Code
GENDER OF THE VICTIM Male    Female    Unk.		AGE	RACE/ETHNICITY OF THE VICTIM White    Black    Hispanic    Asian/Indian    Native American    Pacific Islander				
HAS THE VICTIM RECEIVED NALOXONE IN THE PAST?		Yes	No	Unknown			

## Suspected Overdose on What Drugs? (Check all that apply.)

Heroin	Benzos/Barbituates	Cocaine/Crack	Unknown
Alcohol	Methadone	Suboxone	Other (specify) _____

## Evidence

Evidence Secured	Drugs	Paraphernalia
Heroin    Stamp (Text/Color): _____		Desc. Image: _____
Stamp (Text/Color): _____		Desc. Image: _____
Opiate Pills    Pill Type: _____		Dr.'s Name: _____

## Details of Naloxone Administration

HOW MANY DOSES DID YOU ADMINISTER?	NUMBER OF DOSES ADMINISTERED BY SOMEONE ELSE (Enter all that apply.) EMS____    Other LE____    Bystander____    Other____				
HOW LONG DID IT TAKE FOR THE NALOXONE TO WORK?					
<1 Min.	1-3 Min.	3-5 Min.	>5 Min.	Don't Know	Did Not Work
PERSON'S RESPONSE TO NALOXONE		Combative	Responsive and Angry		
Responsive and Alert		Responsive but Sedated	No Response to Naloxone		
DID THE PERSON SURVIVE?					
Yes	No	Unknown			
IF THE VICTIM WAS REVIVED, WHAT HAPPENED NEXT?					
Arrest	Hospital	Released Free	Other _____		

NALOXONE LOT #	EXPIRATION DATE
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## Notes/Comments

OFFICER'S NAME/BADGE #	OFFICER'S SIGNATURE/DATE	CONTACT PHONE NUMBER
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