

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) # _____
 Clonidine # _____
 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: _____

STAFF ASSESSMENT OF ACTIVE USERS ONLY :

Is client interested in referral to treatment?
 No/Not Appropriate Yes, but not today Yes, today Did not discuss

Notes/Comments:

OD Management & Naloxone Review

□

Staff Initials

	<p><u>Refill and Follow-Up Orientation</u> Refills available at the program distributing naloxone Come to the van to tell us of your experiences</p>															
	<p><u>Overdose prevention techniques</u> Educate those you use with! Purity testing, tie-release, gradual injecting, know the source Risk factors: mixing drugs, abstinence, using alone.</p>															
	<p><u>Signs of Overdose</u> Slower/Stopped breathing; Not responsive to verbal or physical stimulation; Turning blue Call 911</p>															
	<p><u>A&B of life: airway and breath</u> Airway: remove gum, food, anything in mouth Breath: if stopped or slowed breathing, you must breathe for them(rescue breathing) If you must leave the person, call 911 and place in recovery position</p>															
	<p><u>Rescue Breathing</u></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><u>Naloxone</u> 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: call 911</p>															
	<p><u>Return of Overdose</u> Naloxone lasts 30-90 minutes Heroin overdose could last two hours Methadone overdose could last 24 hours: get to a hospital Multi-drug OD (alcohol, benzos, cocaine) could be more dangerous: get to a hospital</p>															
	<p><u>Kit Assembly</u> Enrolled individual can assemble naloxone kit for use during overdose</p>															
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<p><u>Unique Identifier:</u> Nine-character identifier made up of the following: First 3 letters of mother's first name Two digit day of birth Middle initial of consumer Last 2 digits of birth year M, F or T for client's gender Sam Rowley Mason was born on 12/4/85 and his mom's first name is Jennifer. Sam's identifier would be JEN04R85M</p>																