NYSDOH Opioid Overdose Prevention Initiative

Community Naloxone Usage Form

Purpose: This form is to serve as a collection tool for program staff. Program staff are required to enter the information into the NYSDOH Opioid Overdose Prevention Program System's electronic DOH sanctioned form.

On what day was the naloxone used?
If naloxone was used on more than one day, please submit a separate report for each use. If you don't know the precise date, choose one that you think is close.

Date naloxone used:

Do you know the zip code where the overdose happened?

Yes: Zip Code:

No: County

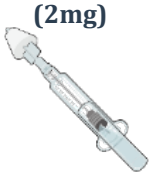
Did the person who overdosed survive? ☐ Yes ☐ No ☐ Don't know

(Check all that apply.) Please select the type of naloxone used.

☐ **Narcan™ Nasal spray (4mg)**

☐ **Intramuscular injection generic**

☐ **Nasal spray generic (2mg)**



☐ **Don't Know**

How many doses of naloxone were administered?

Was 911 called? ☐ Yes ☐ No ☐ Don't know

How old were they? (best guess) Age:

What was the perceived sex of the individual who received assistance?
☐ Male ☐ X
☐ Female ☐ Unknown sex

What was the perceived race of the individual who received assistance? Select all that apply.
☐ African American/Black ☐ Native American
☐ Asian/Pacific Islander ☐ White
☐ Hispanic/Latino(a) ☐ Unknown race/ethnicity
☐ Other:

Select which drugs the overdoser is likely to have used? (Indicate all that apply)

☐ Heroin
☐ Fentanyl
☐ Xylazine
☐ Benzodiazepines
☐ Methamphetamine
☐ Psychedelics (such as Molly, ecstasy, PCP)
☐ Cocaine/Crack
☐ Buprenorphine (such as Suboxone, Zubsolv, Subutex, Sublocade)
☐ Methadone
☐ Alcohol
☐ Cannabis (marijuana)
☐ Synthetic Cannabinoids (K2/Spice/Spike)
☐ Opioid Pain Pills (such as Percocet, oxycodone, oxycontin, hydrocodone, morphine)
☐ Non-Opioid Prescription Pills (such as sleeping pills, antidepressants, antipsychotics)
☐ Unknown Pills
☐ Unknown Injection
☐ Don't know
☐ Other (specify)

If you have any questions, please email overdose@health.ny.gov or call 1.800.692.8528

In what kind of place did the overdose happen?

- ☐ Someone's home or apartment
- ☐ Shelter or in a supportive housing setting
- ☐ Agency or facility that provides services, such as a syringe exchange, drug treatment program or social services agency or government office
- ☐ Public place outside (e.g. park; sidewalk, yard)
- ☐ Public place inside, other than a library, secondary school, or college/ university/trade school campus (e.g. restroom, business, train, car)
- ☐ Library
- ☐ Secondary school (e.g. high school, middle school)
- ☐ On a college/university/trade school campus
- ☐ Other

Please add any additional comments about this naloxone administration.

Thank you for taking the time to complete this form. All program data submitted are confidential.
If you have any questions, please email overdose@health.ny.gov or call 1.800.692.8528

For Registered Program Internal Use (optional): If your program collects additional information about the administration of naloxone, you may enter that here.

***DO NOT* provide any patient- or client-specific information on this form.**