**Lay Public Naloxone Administration Reporting Form**

**West Virginia Poison Center**

All information will be entered into a secure patient database utilized by the West Virginia Poison Center for patient management and toxicosurveillance purposes. West Virginia Legislation [**W. Va. Code §18B-11B-1 *et seq*.**](http://www.legis.state.wv.us/WVCODE/code.cfm?chap=18b&art=11B&section=WVC%2018%20B-%2011%20B-%20%20%201%20%20.htm#01)**(2006) established the West Virginia Poison Center as the State’s authorized poison center. In regards to Center responsibilities:**

**§18B-11B-4. Center responsibilities.**
The Center shall provide:

…(4) Surveillance of human poison exposures. This includes those related chemicals, drugs, biologicals and weapons of mass destruction; ...

**County Reporting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Description****of Person Naloxone Was Administered To** | **Drug(s) Reported Taken**If known or suspected, not required | **Naloxone Product and Dose(s) Given** | **Description of Response to Naloxone** |
| --- | --- | --- | --- |
| Circle one or write answerM or F | \_\_\_ Heroin  Tar \_\_\_\_ Powder \_\_\_\_ Color\_\_\_\_\_\_\_\_\_\_Fentanyl Color\_\_\_\_\_\_Other (e.g., Xanax, meth):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alcohol | Narcan Nasal Spray 4 mg x \_\_\_\_\_\_ spraysEvzio injection 2.0 mg x \_\_\_\_\_\_\_ injectionsPut togethernasal spray, ½ in each nostril x \_\_\_\_\_ syringesNaloxone intramuscular (IM) injection 0.4 mg\_\_\_\_\_ syringes | Did the person live? **Yes / No / Unknown**Breathing returned**: Yes / No**How long did someone breathe for them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ minutesWas full CPR provided? **Yes / No** How long after the last dose of naloxone did it take to start breathing?How long between dose 1 & 2 of naloxone?Did the patient wake up: **Yes / No**Adverse effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Was EMS called **Yes / No** Did EMS give naloxone **Yes /No / Do not know** Did person go to the hospital **Yes / No**Name of hospital if yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did someone stay with the patient for at least 2 hours? **Yes / No**Other treatments given or comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Age of Person Naloxone Was Administered To****-Estimate age if not known-**Years Old |
| **Date Naloxone Was Administered****(as close as possible)**\_\_/\_\_/\_\_ |

Scan this form to the West Virginia Poison Center by email to escharman@hsc.wvu.edu or fax to 304-347-3908.