**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 answer  M or F | \_\_\_ Heroin  Tar \_\_\_\_  Powder \_\_\_\_  Color\_\_\_\_\_\_  \_\_\_\_Fentanyl  Color\_\_\_\_\_\_  Other (e.g., Xanax, meth):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Alcohol | Narcan Nasal Spray 4 mg x  \_\_\_\_\_\_ sprays  Evzio injection  2.0 mg x  \_\_\_\_\_\_\_ injections  Put together  nasal spray, ½ in each nostril x  \_\_\_\_\_ syringes  Naloxone 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ minutes  Was 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](mailto:escharman@hsc.wvu.edu) or fax to 304-347-3908.