

**Tillamook County Law Enforcement Agency  
Naloxone Reporting Form**

**Officer Name:** \_\_\_\_\_ **Agency:** \_\_\_\_\_ **Report Date:** \_\_/\_\_/\_\_

1. When did the overdose occur? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approximate Time: \_\_\_\_\_

2. Where did the overdose occur?

- Residence
- Park
- Street
- Hotel/Motel
- Other

3. What gender did the person who overdosed appear?

- Male
- Female

4. What was the approximate age of the person who overdosed? \_\_\_\_\_

5. What race was the person who overdosed? (Check all that apply.)

- Caucasian/white
- African American/black
- Asian
- Hispanic/latino
- American Indian
- Other

6. How did you know that an overdose was happening? (Check all that apply.)

- Person looked blue
- Person wouldn't wake up
- Person stopped breathing
- No response to sternal rub or painful stimuli
- Other

7. What drugs were involved in the overdose? (Present at the scene or suspected. Check all that apply)

- heroin  codeine  morphine  fentanyl  oxycodone  methadone  alcohol  meth  GHB  cocaine/crack  benzodiazepines, 'benzos' (eg: valium)
- additional:

8. Did the person who you administered naloxone to...
- a) Experience any symptoms of withdrawal? none mild severe
  - b) Display aggression because of these symptoms? yes no
9. How long did it take for the naloxone to work? Check one answer:
- immediately 30 seconds one minute 90 seconds
  - 2 minutes 180 seconds 210 seconds 3 minutes  more than 3 minutes
  - it didn't work
10. How many vials of naloxone were administered?
- 1 2
11. Did the person survive the overdose?
- yes  no  I don't know
12. Do you experience any problems carrying your naloxone kit? yes  no
- If yes, please specify:
13. Do you feel your training in Naloxone deployment was adequate? yes  no
- If no, please specify:
14. Is there any additional information that you would like to share or any key insights that we should learn from? yes  no
- If yes, please specify:

Please give the completed form to your supervisor. **This form is to be returned to Nicole Vertner (email: [vertnene01@ah.org](mailto:vertnene01@ah.org))** at Adventist Health Tillamook (AHTM) for data input and review by the Rural Communities Opioid Response Program (RCORP) Consortium of Tillamook County. The submission of this form will also start the replacement process for the Naloxone kit to your agency.