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| **REGISTRO DE AUXILIO POR SOBREDOSIS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FOLIO:** | | | | | | | | | | | | | | | **FECHA DE LLENADO** | | | | | | | | | **RESPONSIBLE DE SALUD** | | | | | | | | | | | | | | | **LUGAR DE ALCANCE** | | | |
|  |  | |  | |  |  |  | | |  | | | |  |  | | |  | | | |  | |  | | | | | | | | | | | | | | |  | | | |
| **N** | | **N** | **D** | **D** | | **M** | | **M** | | | **A** | | **A** | | **DÍA** | | | **MES** | | | | **AÑO** | |
| **DESCRIPCIÓN DE LA SOBREDOSIS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. ¿CUÁNDO SUCEDIÓ** | | | | | | | | | | | | | | | | **2. ¿EN QUÉ COLONIA SUCEDIÓ?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DÍA** | | | | **MES** | | | | | **AÑO** | | | | | | | **CALLE COLONIA CIUDAD ESTADO** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. DEFINA EL LUGAR DONDE SUCEDIÓ LA SOBREDOSIS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| En un casa propia | | | | | | | | | | | | | | | En casa de un amig@ | | | | | | | | | En un picadero | | | | | | | | | | | | | | En una cuartería | | | | |
| En un albergue | | | | | | | | | | | | | | | En la calle | | | | | | | | | | En una conecta | | | | | | | | | | | | | En un parque | | | | |
| En un hotel/motel | | | | | | | | | | | | | | | Otro lugar: | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |
| **4. DATOS DE LA PERSONA QUE SUFRIÓ LA SOBREDOSIS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.1 EDAD** | | | | | | | | | | | |  | | | | | | | | | **4.2 GÉNERO** | | | | | | | | | **M** | | **F** | | **T** | |  | | | |  | | |
| **5. ¿USTED SUFRIÓ LA SOBREDOSIS?** | | | | | | | | | | | | | | | | | | | | | Sí | | | | | | | No | | | | | | | | | | | |  | | |
| **6. ¿USTED APLICÓ LA NALOXONA/NARCAN?** | | | | | | | | | | | | | | | | | | | | | Sí | | | | | | | No | | | | | | | | | | | |  | | |
| **6.1. ¿CUÁL PRODUCTO FUE APLICADO?** | | | | | | | | | | | | | | | | | | | | | Naloxona (Inyección) | | | | | | | | | | Narcan (Nasal) | | | | | | | | | | | |
| **7. ¿FUE LA PRIMERA VEZ QUE LA UTILIZÓ?** | | | | | | | | | | | | | | | | | | | | | Sí | | No | | | | **8. ¿CUÁNTAS DOSIS SE ADMINISTRARON?** | | | | | | | | | | | | | |  |  |
| **9. ¿SABE QUÉ TIPO DE SUSTANCIA PROVOCÓ LA SOBREDOSIS?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heroína goma/negra | | | | | | | | | | | | | | | Pingas/Benzos (Clonazepam, Rivotril) | | | | | | | | | Heroína polvo/blanca | | | | | | | | | | | | | | Cristal con heroína | | | | |
| Fentanilo | | | | | | | | | | | | | | | No sé | | | | | | | | | Otro: | | | | |  | | | | | | | | | | | | | |
| **10. ¿LLAMARON A LOS SERVICIOS DE EMERGENCIA? (911/CRUZ ROJA/PARAMÉDICOS/POLICÍAS)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sí, se llamó y llegaron | | | | | | | | | | | | | | | | | | | Sí, pero no llegaron | | | | | | | | | | | | | | No teníamos cómo llamarles | | | | | | | | | |
| No, por miedo a la autoridad | | | | | | | | | | | | | | | | | | | No fue necesario | | | | | | | Otra situación: | | | | | | | | | | |  | | | | | |
| **11. ¿SE UTILIZÓ ALGUNA TÉCNICA DE REANIMACIÓN?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RCP | | | | | | | | | | | | | | | | | | | Respiración boca a boca | | | | | | | | | | | | | | Golpear traquea/esternón | | | | | | | | | |
| Agua con sal | | | | | | | | | | | | | | | | | | | Cachetadas/Golpes | | | | | | | | | | | | | | Hielo en el cuello/testículos | | | | | | | | | |
| No supe cómo hacerlo | | | | | | | | | | | | | | | | | | | No, la persona estaba respirando | | | | | | | | | | | | | | Otro: | | | | |  | | | | |
| **12. ¿HUBO ALGÚN EFECTO SECUNDARIO EN LA PERSONA?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agradecid@ | | | | | | | | | | | | | | | | | Enojo, frustración, ira | | | | | | | | | Vomito | | | | | | | | |  | | | | | | | |
| Síndrome de abstinencia moderada | | | | | | | | | | | | | | | | | Síndrome de abstinencia intensa | | | | | | | | | Ninguno | | | | | | | | | Otro: | | | | | | | |
| **13. COMENTARIOS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***MUCHAS GRACIAS POR LA INFORMACIÓN, CON LOS DATOS OBTENIDOS PODREMOS DISEÑAR POLÍTICAS DE ATENCIÓN A LA SOBREDOSIS DE DROGAS INYECTADAS.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |