

# DRUG OVERDOSE REVERSAL AND NALOXONE ADMINISTRATION REPORTING FORM

ILLINOIS DEPARTMENT OF HUMAN SERVICES • Division of Alcoholism and Substance Abuse

(THIS FORM IS TO BE COMPLETED WITHIN FIVE (5) BUSINESS DAYS OF NALOXONE ADMINISTRATION.)

Program Name: DNP Program Site Name: Hanover Park PD Date: \_\_\_\_\_

Name of Trained Drug Overdose Responder: \_\_\_\_\_

## Use of Naloxone During Emergency Drug Overdose

How many doses of naloxone did you use?

☐ None ☐ One ☐ Two ☐ Two or more ☐ Unknown

How was naloxone given? (Check one only)

☐ Injected in the Muscle ☐ Sprayed in the Nose ☐ Unknown

Date naloxone was used (MM/DD/YY): \_\_\_\_\_ If exact day is unknown, please provide month and year (MM/YY): \_\_\_\_\_

## Location of Use

Location of drug overdose

County: \_\_\_\_\_ Town/Neighborhood: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Was this location (Check one only):

☐ A House/An Apartment ☐ Unknown ☐ An SRO ☐ A Shelter  
☐ A Business (e.g., store, bar, restaurant) ☐ On the Street/Outside ☐ A Shooting Gallery ☐ Other (Please specify) \_\_\_\_\_

## About the Drug Overdoser

Is the drug overdoser (Check all that apply):

☐ Male ☐ Transgender ☐ Unknown Sex  
☐ Female ☐ Intersex ☐ Other (Please specify) \_\_\_\_\_

Is the drug overdoser (Check all that apply):

☐ African-American/Black ☐ Hispanic/Latino(a) ☐ Caucasian/White ☐ Other Race/Ethnicity (Please specify) \_\_\_\_\_  
☐ Asian/Pacific Islander ☐ Native American ☐ Unknown

About how old is the drug overdoser? (Use your best guess) \_\_\_\_\_ years old

## What Drugs Had Been Used

Did the drug overdoser (Check all that apply):

☐ Inject Heroin ☐ Sniff Heroin ☐ Use Heroin, But How is Unknown  
☐ Not Use Heroin ☐ Not Sure if Heroin was Used

Was the drug overdoser using anything else? (Check all that apply)

☐ Methadone ☐ Amphetamine ☐ Alcohol ☐ Unknown  
☐ Pain Pills ☐ Cocaine ☐ Benzos ☐ Other Drugs (Please specify) \_\_\_\_\_

## Condition of Drug Overdoser

Was drug overdoser conscious before naloxone was used? ☐ Yes ☐ No ☐ Unknown

Was drug overdoser breathing before naloxone was used? ☐ Yes ☐ No ☐ Unknown

## Actions Taken

Was rescue breathing performed? ☐ Yes ☐ No ☐ Unknown

Were Emergency Medical Services (911) contacted? ☐ Yes ☐ No ☐ Unknown

Did Emergency Medical Services assist in drug overdose? ☐ Yes ☐ No ☐ Unknown

## Outcome

Did the drug overdoser survive? ☐ Yes ☐ No ☐ Unknown

## Other Information

Please provide any information that would be helpful in describing the drug overdose: \_\_\_\_\_

## Signatures of Program's Official Designee and Health Care Professional

Program's Official Designee's Signature \_\_\_\_\_ Date \_\_\_\_\_ Health Care Professional's Signature \_\_\_\_\_ Date \_\_\_\_\_

Program's Official Designee's Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Health Care Professional's Printed Name \_\_\_\_\_ Date \_\_\_\_\_