**San Mateo County Law Enforcement**

**Naloxone Reporting Form**

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

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

5. 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

6. 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:

7. 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

8. 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

9. How many vials of naloxone were administered?

1 2

10. Did the person survive the overdose?

yes  no  I don’t know

11. Do you experience any problems carrying your naloxone kit? yes  no

If yes, please specify:

Please email the complete form [ghgilbert@stanford.edu](mailto:ghgilbert@stanford.edu) and [gfahey@smcgov.org](mailto:gfahey@smcgov.org) and keep record on file with your police agency. Receive a new kit from your agency’s Narcan coordinator.