**North Carolina State Crime Laboratory**

**Naloxone Use Reporting Form**

**Respondent’s Name:** Click here to enter text. **Report Date:** Select Date.

1. When did the overdose occur? Select Date., Enter Approximate Time..
2. Location of overdose (Lab/Section/Room): Click here to enter text.
3. Person who overdosed: Click here to enter name.
4. Signs of overdose (Check all that apply)

[ ]  Person looked blue [ ]  Person would not wake up

[ ]  Person stopped breathing [ ]  No response to a sternal rub or painful stimuli

[ ]  Other: Click here to enter text.

1. What drug(s) were suspected to be involved in the overdose? Click here to enter text.
2. Patient’s response to Naloxone administration: Click here to enter text.
3. Did you experience problems using the Naloxone kit? [ ]  Yes [ ]  No

If yes, please specify: Click here to enter text.

1. Were rescue breaths used? [ ]  Yes [ ]  No

If yes, please specify: Click here to enter text.

1. Was an AED used?[ ]  Yes [ ]  No

If yes, please specify: Click here to enter text.

1. Approximate time elapsed before EMS arrived on scene: Enter approximate time.
2. Give any additional information (e.g., people assisting, witnesses, any other injuries besides overdose such as falling or other chemical exposure, etc.). Be specific as possible. Click here to enter text.