

New York State Public Safety Naloxone Administration Reporting (Revised: November 8, 2022)

Responding Agency Type: See A) - I) or J) or K) or L) or M) or N) or O) or P) or Q) or R) or S) or T) or U) or V) or W) or X) or Y) or Z) or Other (specify):

Name of Responding Agency:

Name of Responder Who Administered Naloxone:

Date of Overdose: / /

Time of 911 Call: : : AM PM

Responder Arrival Time: : : AM PM

EMS Arrival Time: : : AM PM

EMS did not arrive

Agency Case Number:

County:

Zip Code:

Perceived Gender: Male Female X Unknown

Age:

Perceived Race: Asian Black Native American White Unknown Other:

Perceived Ethnicity: Hispanic Not Hispanic Unknown

Aided Status Prior to Naloxone:

Breathing: Breathing fast Breathing slow Breathing normally Not breathing

Responsiveness: Unresponsive Responsive and sedated Alert and responsive

Substances Aided Likely to Have Used:

Heroin	Fentanyl	Benzos/Barbiturates	Methamphetamine	Psychedelics
Cocaine/Crack	Buprenorphine	Methadone	Alcohol	Cannabis
Synthetic Cannabinoids	Opioid Pain Pills	Non-Opioid Prescription Pills	Unknown Pills	Unknown Injection
Don't Know	Other (specify):			

Type of Naloxone Used: Intranasal 4mg (Narcan) Intranasal 8mg (Kloxxado) Intranasal 2mg (Generic) IV (Intravenous) IM (Intramuscular)

Was Naloxone Administered by Anyone Else: Law enforcement EMS Fire Bystander Unknown No Other (specify):

Total Doses of Naloxone Administered: **Doses by Responding Agency Only:**

Aided Status After Naloxone Administration: Responsive and alert Responsive and sedated
Responsive and angry/combative Unresponsive Deceased Other (specify):

Other Actions by Responder:

Yelled	Shook Them	Sternal Rub	Recovery Position	Bag Valve Mask
Mouth to Mask	Mouth to Mouth	Defibrillator	CPR	Oxygen
Transferred care to EMS	Other (specify):			None

Post Naloxone Symptoms: None Withdrawal symptoms (vomiting, sweating, shivering, nausea, runny nose, watery eyes, muscle aches)
Lethargy Disorientation Respiratory distress Seizures
Unknown Other (specify):

Did the Aided Survive: Yes No Don't know

Was the Aided Transported to the Hospital: Yes No, aided deceased No, transport refused
Unknown Other (specify):

Hospital Destination:

Was Naloxone Left Behind? Yes, for the aided Yes, for a bystander No Unknown Other:

Additional Comments:

Instructions for Public Safety Personnel

(For all law enforcement and non-EMS fire agencies, regardless of registration status, who may want responders to record information on naloxone administration on paper prior to entering this information electronically)

Step 1:

Use this form and replace any outdated version including version revised 10/2022 and the outdated "New York State Public Safety Naloxone Quality Improvement Usage Report" dated 03/10/2015. Reports no longer need to be sent via email, fax, or mail.

Step 2:

Report all naloxone administration information at www.nyoverdose.org/publicsafety (log-in not required). **New feature:** Before submitting form, up to three emails can be included to receive an electronic, printable, copy. *If your agency needs a copy of all reports submitted, email publicsafetynaloxone@health.ny.gov for assistance.*

Note:

EMS agencies, including EMS fire departments, registered with the Bureau of Emergency Medical Services and Trauma Systems (BEMSATS) that submit prehospital care reports to the State, **will not submit a separate report** through the New York State Public Safety Naloxone Administration Reporting website. Questions, email emsdata@health.ny.gov.