

OD Prevention/Management Checklist

1 2 3

Knows OD prevention techniques

Knows when to act for you - color / # breaths in 10 seconds

Knows when you want them to call 911

Knows if and when you want rescue breathing or CPR

Knows if and when you want naloxone

Knows how and where you want naloxone given and
how much

Knows if and when you want to go to the hospital ER

Has agreed to stay with you to support while naloxone
wears off (about an hour after it is given)

Notes your commitment to not use again while you
wait for the naloxone to wear off

OTHER COMMITMENTS: