
Opioid Overdose Medical History Form (derived from 20 ILCS 301/5-23)

Name of OD Responder _____ Date _____

The following questions are to be answered about the person the naloxone is intended for

___ Myself ___ Friend / partner ___ Family member: _____ ___ Other: _____

Name _____ Age _____ M F Race/Ethnicity _____

Age first used: Any opiates _____ Daily opiates _____ Needle _____

Currently use >1-2 times/month: Cocaine? _____ Alcohol? _____ Speed? _____ Benzos? _____

How many times in: Detox (<7d) _____ Rehab (>7d) _____ Jail _____ Methadone _____

Number of times: Self Detoxed _____ Self OD'd _____ Witness OD _____ Witness OD death _____

Taking any other medications? _____

NALOXONE EDUCATION CHECKLIST & STANDING ORDER TO DISTRIBUTE – OD Responder should initial when complete

_____ **OD prevention:** Educate OD prevention partners; know your source; purity testing; tie-release “tasting”

_____ **Risk Factors:** mixing drugs (including cocaine!), period of abstinence for any reason (as little as 3 days)

_____ --S-- **Signs of Overdose:** unresponsive to arousal / pain; slower breathing; blue lips.

_____ --C-- **Call 911!!**

_____ --A-- **A & B of Life:** clear **Airway** of food / gum / etc. **Breath** rate >6-7/min. Recovery position

_____ --R-- **Rescue Breathing:** Position; clear airway; pinch off nose; 2 big quick breaths then breathe every 5 seconds ... but meantime have someone preparing naloxone!

_____ --E-- **Evaluate**...is it a good time to inject naloxone?

_____ --M-- **Naloxone/narcan:** KEEP IT HANDY!! Draw 1-2cc into syringe w/1 in+ needle; inject into muscle!
Continue rescue breathing until person wakes up. If they aren't up in 3-5 minutes, give another dose.
- If after 2 doses they are still unresponsive → GET THEM TO HOSPITAL

_____ --E-- **Aftercare:** Naloxone/narcan works for 30-40 min. Support them from using again! Naloxone/narcan wears off in 30-60 min, so OD on long-acting opioids (methadone, oxy, etc.) may return
-- be ready to give second dose and/or transport to hospital

DISTRIBUTE: Naloxone/narcan 0.4mg/ml, 10ml or 1ml vial(s) AS NEEDED Expiration date: _____
Syringes as needed: at least four 3cc-10cc syringes with 18-23g 1 – 1½” needles as requested
Give OD DVDs, SCARE ME cards and any other materials as appropriate

_____ OD Educator

_____ Date

_____ Prescriber