BUCKS COUNTY
NALOXONE UTILIZATION QUESTIONNAIRE
Agency, Recovery House or School District

GENERAL INFORMATION:					
Agency, Recovery House or School District		**Date of use**			
Staff name		**Time of use**		___ AM ___ PM	
Location of incident	___ Residence ___ Company ___ Public place (car, parking, lot, etc. – please list)				
Individual's first name and last initial		**Individual's zip code**			
Gender	___ Male ___ Female ___ Other	**Age**		**Race**	
Who administered Narcan at the scene?	___ Police ___ EMS ___ Fire ___ Other (please list below)				
How many 4 mg doses were given? (Please include the number of doses administered prior to your arrival)	_____ Police _____ EMS _____ Fire _____ Other _____ Unsure				
Expiration date of Naloxone		**I did not give Naloxone, but opened the box**	___ Yes; replacement dose requested		
How long did it take for the Naloxone to work?	___ < 1 Min ___ 1-2 Min ___ 3-5 Min ___ > 5 Min ___ Did Not Work				
What was the result of this person's overdose? **(Check ONLY ONE)**	___ Revived without any help ___ Revived because of my help ___ Paramedics came/person revived ___ Paramedics came/don't know what happened next ___ Don't know ___ Deceased ___ Other				
If other, please specify					
Were there any negative consequences of the overdose/treatment? **(Check ALL that apply)**	___ Harassment ___ Anger ___ Violence ___ Vomited ___ Seizure ___ Felt sick/withdrawal ___ Arrest of overdosing person or witness ___ Other				
If other, please specify					
Please identify any stamp/wording on packaging					
Did the person seek medical care? If yes, please specify which hospital.	___ Yes ___ No Hospital:				

Contact Information for Bucks County Drug & Alcohol Commission, Inc.

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