# Bucks County Naloxone Utilization Questionnaire

**Police Department**

## General Information:

<table>
<thead>
<tr>
<th>Police Department</th>
<th>Date of Use</th>
<th>Time of Use (Military time)</th>
<th>___ AM</th>
<th>___ PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Officer name</td>
<td>Badge #</td>
<td>Incident #</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Location of Incident:**

- ___ Residence
- ___ Company
- ___ Recovery House
- ___ 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

**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?**

- ___ Yes
- ___ No

**If yes, please specify which hospital.**

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

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