



Franklin
COUNTY KANSAS
EST. 1855

NALOXONE USAGE REPORT

Agency:			
Date of Overdose:	Time of Overdose, if known:		
Location Where Overdose Occurred:			
Signs of Overdose Present (check all that apply)			
Unresponsive	Slow Breathing	No Breathing	Snoring
Gurgling	Choking Sounds	Lethargic	Confused
Pinpoint Pupils	Blue Lips	Blue Fingernails	Fast Heart Rate
Slow Heart Rate	No Pulse	Sweaty Skin	Other:
Type of Drug Overdose Suspected			
Heroin	Fentanyl	Other Opioid	Unknown
Details of Naloxone Use			
Number of doses of naloxone used:	One Two Other:		
Did naloxone work?	Yes No Not Sure		
If yes, how long did it take to work?	< 1 minute 1-2 minutes 2-4 minutes >4 minutes		
Response to naloxone:	Responsive/Alert Responsive/Sedated No response		
Naloxone Lot#:	Naloxone Expiration Date:		
Post-Naloxone Symptoms (check all that apply)			
None	Irritable/Angry	Combative	Hot to Touch
Fast Heart Rate	Seizures	Restless	Diarrhea
Nausea/Vomiting	Sweaty	Shaking/Shivering	Yawning
Sneezing	Crying	Pain	Other:
Other Interventions (check all that apply)			
Sternal Rub	Recovery Position	CPR	AED
Other interventions:			
Disposition			
Treated/Transported to Hospital by EMS	Other:		
Transported to Hospital:	Unknown		
If minor, where parents/legal guardians notified?	Yes No Not Sure		
Was all possible evidence given to law enforcement?	Yes No Not Applicable		
Notes/Comments			
Name of Individual Administering Naloxone:			
Signature of Individual Administering Naloxone:			
Date:	Date Submitted to Health Dept.:		
Effective Date:	Updated:		
Please email to aconfer@franklincoks.org within 24 hours of Naloxone use.			