



# Prehospital Opioid/Opiate Overdose Reporting Tool



ARIZONA DEPARTMENT OF HEALTH SERVICES

**Notice to Reporter:** This form is to be used by Emergency Medical Services agencies, Law Enforcement agencies, and Other Health Care Professionals for the reporting of suspected prehospital opioid/opiate overdose and naloxone/Narcan administration. Please note that the preferred method of reporting is via the electronic web-based Arizona Prehospital Information and EMS Registry System (AZ-PIERS); however, this paper version can be used if/when use of the electronic version is not feasible.

Please complete this form in its entirety and submit to the Bureau of EMS and Trauma System (BEMSTS) via either of the methods below.

BEMSTS Fax: 602-364-3568 (please include a privacy cover sheet)

BEMSTS Mail: 150 N. 18th Avenue, Suite 540, Phoenix, AZ 85007-3248

### Entity/Reporter Information

Entity Name: \_\_\_\_\_

Entity Type:  Emergency Medical Services  
 Law Enforcement  
 Other Health Care Professional

### Incident Information

Unit Notified by Dispatch (if applicable): Date: \_\_\_\_\_ Time: \_\_\_\_\_

Incident Number (if applicable): \_\_\_\_\_

Incident Street: \_\_\_\_\_

Incident City: \_\_\_\_\_

Incident County: \_\_\_\_\_

Incident State: \_\_\_\_\_

Incident Zip Code: \_\_\_\_\_

### Patient Information

Patient First Name: \_\_\_\_\_

Patient Last Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Age: \_\_\_\_\_ Years

Patient Gender:  Male  
 Female  
 Unknown/Other

Patient Race/Ethnicity: (select all that apply)  
 American Indian or Alaskan Native  
 Asian  
 Black or African-American  
 Hispanic or Latino  
 Native Hawaiian or Other Pacific Islander  
 White  
 Other

### Naloxone/Narcan Administration (Prior Aid)

1. Was naloxone/Narcan administered prior to you / your entity's arrival?  
 Yes (continue to Question 2)  
 No (skip to Question 4)
2. For naloxone/Narcan administered prior to you / your entity's arrival, who administered it?  
 Emergency Medical Services  
 Law Enforcement  
 Other Health Care Professional  
 Bystander / Layperson
3. How many doses of naloxone/Narcan were administered by the entity identified in Question 2?  
 1 dose  
 2 doses  
 3 doses  
 4 doses  
 5 or more doses

### Naloxone/Narcan Administration (Not Prior Aid)

4. Was naloxone/Narcan administered by you / your entity?  
 Yes (continue to Question 5)  
 No (skip to Question 6)
5. How many doses of naloxone/Narcan did you / your entity administer?  
 1 dose  
 2 doses  
 3 doses  
 4 doses  
 5 or more doses

### Reason(s) for Suspected Overdose

6. Unresponsive to stimuli?  Yes  No
7. Pale, clammy skin?  Yes  No
8. Blue lips and/or fingertips?  Yes  No
9. Deep snoring or gurgling?  Yes  No
10. Very infrequent or no breathing?  Yes  No
11. Slow heartbeat/pulse?  Yes  No
12. Scene/surroundings suggest drug use?  Yes  No
13. Notified by bystander of possible drug use?  Yes  No

### Patient Outcome/Disposition

14. What happened to the patient/what was the patient's final disposition?  
 Patient transported by EMS to hospital  
 Patient transported by law enforcement to hospital  
 Patient transported by law enforcement to jail  
 Patient refused additional treatment/transport  
 Patient fled the scene  
 Patient pronounced dead on scene  
 Other/Unknown