

# Naloxone Administration Evaluation

## Administered Naloxone

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Date \_\_\_\_\_

1. When did this occur (date)? \_\_\_\_\_

2. Tell us your story about the overdose?

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3. Who did you administer naloxone to?  partner  family member  friend  
 acquaintance  stranger  self

4. Where did the overdose occur?  private residence  on the street  
 shelter/hotel  other: \_\_\_\_\_

5. What drugs were involved in the overdose? \_\_\_\_\_  don't know

6. How did you know an overdose was happening?

person turned blue  person wouldn't wake up  no response to Shake & Shout  
 person not breathing  other \_\_\_\_\_

7. What happened after you gave the naloxone?

person woke up  no difference  other \_\_\_\_\_

8. How long did it take for the naloxone to work? \_\_\_\_\_

9. How many ampoules of naloxone did you administer? \_\_\_\_\_

10. Did you do chest compressions?  Yes  No

• If No, why? \_\_\_\_\_

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11. Did you place the person in recovery position?  Yes  No

• If No, why? \_\_\_\_\_

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12. Did you or someone call 911?  Yes  No

If Yes - did EMS take the person/you to the hospital?  Yes  No

- did the police attend?  Yes  No

If No, what prevented the ambulance from being called?

Worried police would become involved  Thought person would recover on own

Other \_\_\_\_\_

13. Did the person survive the overdose?  Yes  No  don't know

14. How long did you stay with the person after the Naloxone was administered? \_\_\_\_\_ (mins/hrs)

15. Did you find the Naloxone Kit contents easy to access and use?

Yes  No comments: \_\_\_\_\_

16. If you were in the same situation again, do you think giving naloxone would be a good thing to do?  Yes  No  Unsure

If No or Unsure, why not? \_\_\_\_\_

17. Do you feel you had enough training to give naloxone?  Yes  No

If No, what could be done to better prepare you?

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Evaluation completed by: \_\_\_\_\_  In person  by phone