

**Reporting (Check One):**

- Non-Fatal Opioid OD  
 Fatal Opioid OD  
 Opioid OD, Outcome Unknown

**Report to Grant County Health District within 48hrs of an Overdose Event**

Confidential Fax: (509) 764-2813  
 24hr Phone: (509) 398-2083

**Fatal & Non-Fatal Opioid Overdose****Submission date:** \_\_\_\_\_**Patient Information**

**Name (last, first, MI)** \_\_\_\_\_  Unk  
 Home address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  Homeless  
 Phone \_\_\_\_\_  
 Alt contact:  Parent/Guardian  Spouse  Other  
 Contact name: \_\_\_\_\_  
 Contact number: \_\_\_\_\_

**Birth date** \_\_\_\_\_  Unk  
 Gender:  M  F  
 MTF  FTM  Unk  
**Race/Ethnicity (Check all that apply):**  
 American Indian/Alaska Native  
 Asian  Black/African American  
 Hispanic/Latino  
 Native Hawaiian/Pacific Islander  
 White  Other  Unk

**Overdose Details**

**Reporter name** \_\_\_\_\_ **Reporter phone number** \_\_\_\_\_  
**Agency** \_\_\_\_\_ **Agency record number** \_\_\_\_\_  
**Date of overdose event** \_\_\_\_\_ **Time of event (24hr clock)** \_\_\_\_\_ **Notification date** \_\_\_\_\_  
**Location of event (Address or landmark)** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Suspected substance** \_\_\_\_\_ **Prescribed?**  Yes  No  Unk  
**Suspected route of opioid:**  IV  Oral  Snort  Smoke  Unk  Other (Specify) \_\_\_\_\_  
**Died from overdose?**  Yes  No **Death date** \_\_\_\_\_ **Polysubstance use?**  Yes  No  Unk  
**Reason for 911 dispatch** \_\_\_\_\_

**Response (Check all that apply):**

**People involved:** **Agency:**  
 Law enforcement: \_\_\_\_\_  
 Fire/EMS: \_\_\_\_\_  
 Hospital: \_\_\_\_\_  
 Coroner: \_\_\_\_\_  
 Gave naloxone?  Yes  No  Unk **Dose** \_\_\_\_\_ **Route** \_\_\_\_\_

**Signs and Symptoms (Check all that apply):**

**Y N Unk**  
   **Lethargy, falling asleep, altered mental status**  
   **Hypopnea, bradypnea, apnea**  
   **Choking or gurgling**  
   **Constricted pupils**  
   **Cyanosis: Skin that is pale, blue, purple**  
   **Naloxone administered**  
**Naloxon. response:**  Improved  No response  Unk  N/A

**Did civilians give naloxone?**  Yes  No  Unk  
**Who administered?** \_\_\_\_\_  
**How much?** \_\_\_\_\_  
**Physical evidence of recent opioid use:**  
**Describe:** \_\_\_\_\_  
 \_\_\_\_\_

## Transportation

If transported, where was the patient taken?

Name of facility: \_\_\_\_\_

Patient refused transport

## Hospital Care

Medical record number \_\_\_\_\_

Discharged

Hospitalized at least overnight  ICU

• Admit date \_\_\_\_\_

• Discharge date \_\_\_\_\_

If female, pregnant?  Yes  No  Unk

Postpartum?  Yes  No  Unk

Pregnancy loss?  Yes  No  Unk

• Delivery date \_\_\_\_\_

Eloped or left without advice

Left AMA

Transferred

To:  Treatment facility  Detox  Jail  Other

Transfer facility name \_\_\_\_\_

Veteran?

Mental illness diagnosis?

Illness: \_\_\_\_\_

Died

Was patient discharged with a naloxone kit?

Yes  No  Unk

**MOUD Initiation**

Yes  No  Unk

**Toxicology Screen**  Blood  Urine  Not performed

Y N N/A

Benzos

Barbiturates

Cocaine

THC

Methamphetamine

Methadone

Opiates

TCA

Oxycodone

MDMA

PCP

Amphetamine

Buprenorphine

Alcohol

Fentanyl

Other: Specify \_\_\_\_\_

**Notes (If applicable):**