

**U.S. Department of Health and Human Services  
Indian Health Service  
Naloxone Deployment Reporting Form**

Date of Report: \_\_\_\_\_ Date and Approximate Time of Incident: \_\_\_\_\_

1. Location of Incident (select one):

- ☐ Private residence
- ☐ Hotel or motel
- ☐ Substance abuse treatment center
- ☐ Shelter
- ☐ Sidewalk or street
- ☐ Nursing home or assisted living
- ☐ In BIA custody
- ☐ Other: \_\_\_\_\_

2. Did someone administer naloxone before you arrived (select one)?      Yes ☐    No ☐

3. What physical clues indicated need for naloxone (select all that apply)?

- ☐ Person looked blue
- ☐ Person was not breathing or had very shallow breathing
- ☐ Person did not respond to sternal rub or other attempts to be awakened
- ☐ Drugs or drug paraphernalia at the scene
- ☐ Known history of drug use
- ☐ Report of drug use by a bystander
- ☐ Other: \_\_\_\_\_

4. What type of naloxone was administered (select all that apply)?

- ☐ Intranasal naloxone
- ☐ Auto-Injector naloxone by intramuscular administration
- ☐ Auto-Injector naloxone by subcutaneous administration
- ☐ Naloxone injection with mucosal atomizer by intranasal administration

5. How many doses were administered? \_\_\_\_\_

6. What happened after you gave the person naloxone (select all that apply)?

- ☐ Person woke up from overdose
- ☐ Person vomited
- ☐ Person was agitated or had violent behavior
- ☐ Person went to hospital
- ☐ Person did not wake up from the overdose and died
- ☐ Other: \_\_\_\_\_

First Responder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

*Once completed, please give to the IHS Pharmacy.*