

Lay Public Naloxone Administration Reporting Form

West Virginia Poison Center

All information will be entered into a secure patient database utilized by the West Virginia Poison Center for patient management and toxicosurveillance purposes. West Virginia Legislation W. Va. Code §18B-11B-1 et seq. (2006) established the West Virginia Poison Center as the State's authorized poison center. Regarding Center responsibilities:

- §18B-11B-4. Center responsibilities.
 - The Center shall provide: ... (4) Surveillance of human poison exposures. This includes those related chemicals, drugs, biologicals and weapons of mass destruction; ...

Reporting County: _____

Date of Naloxone Administration: __/__/__

Description of Naloxone Recipient	Drug(s) Reported Taken	Symptoms Prior to Naloxone Administration	Naloxone Product and Dose(s) Given	Description of Response to Naloxone
(Estimate if unknown) <hr/> years (Circle one or write answer) M or F	(If known or suspected) <input type="checkbox"/> Fentanyl <input type="checkbox"/> Heroin <input type="checkbox"/> Alcohol <input type="checkbox"/> Meth <input type="checkbox"/> Other / Unknown <hr/>	<input type="checkbox"/> Difficulty breathing / stopped breathing <input type="checkbox"/> Unresponsive / Unconscious <input type="checkbox"/> Pinpoint pupils <input type="checkbox"/> Other <hr/>	Narcan Nasal Spray 4mg x ___ sprays Evzio Injection 2mg x ___ injections Put together nasal spray; ½ each nostril x ___ syringes Naloxone IM injection 0.4mg x ___ syringes	Breathing returned: Y / N Increased consciousness: Y / N Adverse effects: <hr/> CPR provided: Y / N Rescue breathing provided: Y / N EMS called: Y / N Did person go to hospital: Y / N If yes, name of hospital: Did the person live? Y / N Other comments:

Please SCAN and return this form to the WV Poison Center via email to:
rlcruickshank@hsc.wvu.edu OR via fax at: **304-347-3908**