

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. In regards to 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; ...

County Reporting: _____

Description of Person Naloxone Was Administered To	Drug(s) Reported Taken If known or suspected, not required	Naloxone Product and Dose(s) Given	Description of Response to Naloxone
<p>Circle one or write answer</p> <p style="font-size: 1.5em; text-align: center;">M or F</p>	<p>___ Heroin Tar ___ Powder ___ Color _____</p>	<p>Narcan Nasal Spray 4 mg x _____ sprays</p>	<p>Did the person live? Yes / No / Unknown</p> <p>Breathing returned: Yes / No</p> <p>How long did someone breathe for them? _____ minutes</p>
<p>Age of Person Naloxone Was Administered To -Estimate age if not known-</p> <hr/> <p style="font-size: 1.5em;">Years Old</p>	<p>___ Fentanyl Color _____</p> <p>Other (e.g., Xanax, meth): _____ _____ _____</p>	<p>Evzio injection 2.0 mg x _____ injections</p> <p>Put together nasal spray, ½ in each nostril x _____ syringes</p>	<p>Was full CPR provided? Yes / No</p> <p>How long after the last dose of naloxone did it take to start breathing? _____ _____</p> <p>How long between dose 1 & 2 of naloxone? _____ _____</p> <p>Did the patient wake up: Yes / No</p> <p>Adverse effects: _____ _____</p>
<p>Date Naloxone Was Administered (as close as possible)</p> <p style="font-size: 1.5em; text-align: center;">_ / _ / _</p>	<p>___ Alcohol</p>	<p>Naloxone intramuscular (IM) injection 0.4 mg _____ syringes</p>	<p>Was EMS called Yes / No</p> <p>Did EMS give naloxone Yes / No / Do not know</p> <p>Did person go to the hospital Yes / No</p> <p>Name of hospital if yes: _____ _____</p> <p>Did someone stay with the patient for at least 2 hours? Yes / No</p> <p>Other treatments given or comments: _____ _____</p>