



Prehospital Opioid Overdose Reporting Tool



ARIZONA DEPARTMENT OF HEALTH SERVICES

Notice to Reporter: This form is to be used by Ambulance Services, Emergency Medical Services providers, and Law Enforcement agencies for the reporting of out-of-hospital suspected opioid overdoses, out-of-hospital suspected opioid overdose deaths, and out-of-hospital naloxone doses administered. The preferred method of reporting is via the electronic web-based Arizona Prehospital Information and EMS Registry System (AZ-PIERS); however, this paper version can be used if/when use of the electronic version is not feasible.

Please complete this form in its entirety and submit to the Bureau of EMS and Trauma System (BEMSTS) via either of the methods below.

BEMSTS Fax: 602-364-3568 (please include a privacy cover sheet)

BEMSTS Mail: 150 N. 18th Avenue, Suite 540, Phoenix, AZ 85007-3248

Entity/Reporter Information

Entity Name: _____
Entity Type: Emergency Medical Services
 Law Enforcement
 Other Health Care Professional

Naloxone/Narcan Administration (Not Prior Aid)

4. Was naloxone/Narcan administered by you / your entity?
 Yes (continue to Question 5)
 No (skip to Question 6)
5. How many doses of naloxone/Narcan did you / your entity administer?
 1 dose 2 doses 3 doses 4 doses 5 or more doses

Incident Information

Unit Notified by Dispatch (if applicable): Date: _____ Time: _____
Incident Number (if applicable): _____
Incident Street: _____
Incident City: _____
Incident County: _____
Incident State: _____ Incident Zip Code: _____

Reason(s) for Suspected Overdose

6. Unresponsive to stimuli? Yes No
7. Pale, clammy skin? Yes No
8. Blue lips and/or fingertips? Yes No
9. Deep snoring or gurgling? Yes No
10. Very infrequent or no breathing? Yes No
11. Pinpoint pupils? Yes No
12. Scene/surroundings suggest drug use? Yes No
13. Notified by bystander of possible drug use? Yes No

Patient Information

Patient First Name: _____
Patient Last Name: _____
Patient Date of Birth: ___/___/___ Patient Age: _____ Years
Patient Gender: Male
 Female
 Unknown/Other
Patient Race/Ethnicity: (select all that apply)
 American Indian or Alaskan Native Asian
 Black or African-American Hispanic or Latino
 Native Hawaiian or Other Pacific Islander White Other

Patient Outcome/Disposition

14. What happened to the patient/what was the patient's final disposition?
 Patient transported by EMS to hospital
 Patient transported by law enforcement to hospital
 Patient transported by law enforcement to correctional facility/jail
 Patient refused additional treatment/transport
 Patient fled the scene
 Patient pronounced dead on scene
 Patient pronounced while enroute to a receiving facility
 Patient transported by EMS to a non-hospital healthcare institution
 Patient transported by law enforcement to a non-hospital healthcare institution
 Patient transported by EMS to correctional facility/jail

Naloxone/Narcan Administration (Prior Aid)

1. Was naloxone/Narcan administered **prior** to you / your entity's arrival?
 Yes (continue to Question 2)
 No (skip to Question 4)
 Unknown (skip to Question 4)
2. For naloxone/Narcan administered **prior** to you / your entity's arrival, who administered it?
 Emergency Medical Services
 Law Enforcement
 Other Health Care Professional
 Bystander / Layperson
 Unknown
3. How many doses of naloxone/Narcan were administered by the entity identified in Question 2?
 1 dose 2 doses 3 doses 4 doses 5 or more doses Unknown

Patient Destination

15. Type of Destination ? (if patient was transported)
 Hospital / Emergency Department
 Morgue / Mortuary
 Jail/Correctional facility
 Behavioral In-Patient
 Behavioral Out-Patient
 Medical Office / Clinic
 Other ESM Responder (ground)
 Other ESM Responder (air)
 Other _____
 Unknown
 Not Applicable (patient not transported)
16. Full Name of Destination: _____
 Unknown
 Not Applicable (patient not transported)