



## Yuma County Sheriff's Office

**Leon N. Wilmot**  
Sheriff of Yuma County

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Yuma County Sheriff's Office		Case #:	
Date of Overdose:		Time of Overdose: <input type="checkbox"/> AM <input type="checkbox"/> PM	
Location where overdose occurred:			
Name of the person who overdosed:		Date of Birth (mm/dd/yyyy): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Indian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander			
<b>Signs of overdose present (check all that apply)</b>			
<input type="checkbox"/> Unresponsive <input type="checkbox"/> Breathing Slowly <input type="checkbox"/> Not Breathing <input type="checkbox"/> Blue lips <input type="checkbox"/> Slow pulse <input type="checkbox"/> No pulse <input type="checkbox"/> Pin Point Pupils <input type="checkbox"/> Other (specify): _____			
<b>Suspected overdose on what drugs? (check all that apply)</b>			
<input type="checkbox"/> Heroin <input type="checkbox"/> Hydrocodone (Vicodin/Norco) <input type="checkbox"/> Oxycodone (Roxicodone/Percocet/Roxicet) <input type="checkbox"/> Suboxone <input type="checkbox"/> Methadone <input type="checkbox"/> Hydromorphone (Dilaudid) <input type="checkbox"/> Any other opioid <input type="checkbox"/> Don't Know <input type="checkbox"/> Other (specify): _____			
<b>Details of Naloxone Deployment</b>			
Number of doses used:		Did Naloxone work?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
If yes, how long did it take to work: <input type="checkbox"/> >1 min <input type="checkbox"/> 1-3 min <input type="checkbox"/> 3-5 min <input type="checkbox"/> <5 min <input type="checkbox"/> Don't Know			
Patient's response to Naloxone: <input type="checkbox"/> Responsive and alert <input type="checkbox"/> Responsive but sedated <input type="checkbox"/> No response to Naloxone			
Post-Naloxone withdrawal symptoms (check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Irritable or Angry <input type="checkbox"/> Physically Combative <input type="checkbox"/> Dope sick (e.g. nauseated, muscle aches, runny nose, and/or watery eyes) <input type="checkbox"/> Vomiting <input type="checkbox"/> Other (specify): _____ Did the person live: <input type="checkbox"/> Yes <input type="checkbox"/> No			
What else was done: <input type="checkbox"/> Sternal Rub <input type="checkbox"/> Recovery position <input type="checkbox"/> Rescue breathing <input type="checkbox"/> Chest compressions <input type="checkbox"/> Automatic Defibrillator <input type="checkbox"/> Yelled <input type="checkbox"/> Shook them <input type="checkbox"/> Oxygen <input type="checkbox"/> EMS Naloxone <input type="checkbox"/> Bystander Naloxone <input type="checkbox"/> Other (specify): _____			
Disposition: <input type="checkbox"/> Care transfer to EMS <input type="checkbox"/> Other (specify):			
Naloxone Information:		Lot #: Expiration date:	
Notes/Comments:			
Officer's Name (printed)		Signature	
Supervisor		Lieutenant	
Captain:		Date of Report	
		Naloxone Coordinator	

Completed form shall be forwarded to YCSO Naloxone Coordinator.

As of: 10/2019 AA