

Opioid Overdose Education and Naloxone Distribution Fact Sheet

Acute risk factors:

- Periods of abstinence (decreased tolerance)
 - *Tolerance decreases in as little as 3-5 days*
- Mixing with other sedatives (benzos, alcohol)
- Injecting
- Change in supplier/dosage
- Increased purity
- Using alone or in a new environment

Recognize signs:

- Cold, clammy skin
- Shallow breathing/no breathing
- Unresponsive
- Gurgling/snoring
- Small “pinpoint” pupils

Naloxone basics:

- Safe and effective medication to reverse opioid overdose within 2-3 minutes
- Available in different forms, including intramuscular and Narcan nasal spray
 - Naloxone is the generic name of the medication. Narcan is the brand name of the prepackaged nasal spray
- Can be purchased from a pharmacy without a prescription

Rescue response/ how to use naloxone:

- Check for breathing/clear airways
- Administer naloxone
- Call 911
 - Missouri’s Good Samaritan Law protects the person who calls 911 and the person experiencing the overdose from minor drug and alcohol violations
- Administer rescue breaths, turn person on side in recovery position
- Administer 2nd dose if no response in 2-3 minutes
- Stay with person until medical help arrives to ensure safety and prevent repeat use/overdose

Tips for prevention:

- Share this information, including where the naloxone will be stored, with family/loved ones
- If you choose to use: don't use alone, avoid mixing, start small, be extra cautious when sick/in poor respiratory health
- Keep naloxone accessible and out of extreme temperatures

MO-HOPE Overdose Field Report (mohopeproject.org/ODreport):


- Anyone who witnesses, experiences, responds to, or is informed of an overdose event is asked to fill out the MO-HOPE field report online
- Access the field report by entering the survey link or by scanning the QR code. Save the link to your homepage (link and directions on next page)
- ***No personal information is collected and all field reports are kept confidential***



Overdose Field Report

If you experience, witness, or are informed of an overdose event, please complete the MO-HOPE field report as soon as you are able to do so.

To start the survey, you may use any of the choices below:

Use the Survey Link:	Scan the QR Code:
<p>Open your browser and go to this web address:</p> <p>mohopeproject.org/ODreport</p>	<p>If you have a device that has an app capable of reading QR codes, you may scan the QR code below:</p> 

To add the survey to your home screen:

Once you have opened the field report survey on your phone you can save the link to your home screen for convenient access.

Instructions for Apple:	Instructions for Android:
<p>Tap the share button on the browser's toolbar - that's the rectangle with an arrow pointing upward. It is on the bar at the top of the screen on an iPad, and on the bar on the bottom of the screen on an iPhone or iPod Touch. Tap the "Add to Home Screen" icon in the Share menu. A new icon should now appear on your home screen that will take you directly to the field report.</p>	<p>Tap the menu button and tap "Add to Home Screen". You will be able to enter a name for the shortcut and then Chrome will add it to your home screen. This will take you directly to the field report.</p>

For questions about evaluation, contact MIMH:

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MO-HOPE Project

Overdose Field Report

***for visual purposes only – can only be submitted online at: mohopeproject.org/ODreport**

1. Date and time: _____ 2. Zip Code of Overdose Event: _____

3. Your relation to the person who overdosed:

- | | | |
|---|---|--|
| <input type="checkbox"/> Emergency Responder
(Agency: _____) | <input type="checkbox"/> Other family member
(non-partner, non-parent) | <input type="checkbox"/> Self |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Clinician or Provider | <input type="checkbox"/> Other
(specify: _____) |
| <input type="checkbox"/> Partner or Spouse | <input type="checkbox"/> Stranger | <input type="checkbox"/> *Test/demo* (for
training purposes only) |
| <input type="checkbox"/> Friend | | |

4. Individual's state of primary residence: _____ 5. In what county did the overdose occur? _____

6. Incident Location: A home or residence/ A treatment facility / A public place (specify: _____)/ Other (specify: _____)

7. Individual's age: Under 18/ 18-24/ 25-44/ 45-64/ 65+

8. Individual's sex: Male/ Female/ Intersex/ Unsure

9. Individual's race (select all that apply): White/ Black or African American/ Asian/ American Indian or Alaskan Native/
Native Hawaiian or Pacific Islander/ Unsure/ Other (specify: _____)

10. Is the individual Hispanic? Yes/ No/ Unsure

11. Type of drugs involved (circle all that apply): Heroin/ Prescription Painkiller/ Fentanyl/ Benzos (e.g., Xanax)/ Alcohol/
Unsure/ Other (specify: _____)

12. Was naloxone administered? Yes/ No (If no, skip to question 13)

If yes, who administered naloxone?

- | | | |
|--|--|---|
| <input type="checkbox"/> EMS | <input type="checkbox"/> A parent | <input type="checkbox"/> A clinician or provider |
| <input type="checkbox"/> Fire Crew | <input type="checkbox"/> A partner or spouse | <input type="checkbox"/> A stranger |
| <input type="checkbox"/> Police | <input type="checkbox"/> A friend | <input type="checkbox"/> Someone else (specify:
_____) |
| <input type="checkbox"/> Other ER (specify: _____) | <input type="checkbox"/> Another family member | |

What form of naloxone was used and how many doses were given? (Circle all that apply)

- AdaptPharma Narcan nasal spray (**Doses:** 1 / 2 / 3 / 4+ / Unsure)
- Evzio auto-injector (**Doses:** 1 / 2 / 3 / 4+ / Unsure)
- Other intranasal device (with vial and atomizer) (**Doses:** 1 / 2 / 3 / 4+ / Unsure)
- Intravenously (IV) (**Doses:** 1 / 2 / 3 / 4+ / Unsure)
- Other intramuscular device (with vial and syringe) (**Doses:** 1 / 2 / 3 / 4+ / Unsure)
- Unsure

Where was naloxone obtained? (Skip question if you are an emergency responder)

Unsure, Naloxone was administered by someone else/ Pharmacy (specify: _____)/

Treatment program (specify: _____) / Recovery Community Center (specify: _____) /

Jail or treatment court program (specify: _____) / Other (specify: _____)

Were there any post-naloxone withdrawal symptoms? (circle all that apply)

None/ Physically combative/ Irritable or angry/ Vomiting/ Dope sick (e.g., nauseated, muscle aches, runny nose, and/ or watery eyes) / Other (specify: _____)

13. Was 911 called? Yes/ No/ Unsure

14. To the best of your knowledge, did the individual survive the overdose? Yes/ No/ Unsure

15. Was the individual transported to the hospital? Yes/ No, escorted to treatment center/ No, escorted to residence/
No, transported elsewhere/ No, declined transport/ Unsure



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