



Vermont Department of Public Safety Naloxone Deployment Reporting Form



Police Department:	Case #:
Date of overdose: / /	Time of overdose: : <input type="checkbox"/> AM <input type="checkbox"/> PM
Location of overdose: (street address,city, zip code)	Address of victim:(street address,city, zip code)
Gender of the victim: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Age:

Physical Signs of Overdose (check all that apply)			
<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"/> Other (specify):	

Cause of Overdose (check all that apply)				
<input type="checkbox"/> Heroin	<input type="checkbox"/> Benzos/Barbituates	<input type="checkbox"/> Cocaine/ Crack	<input type="checkbox"/> Suboxone	<input type="checkbox"/> Other Opioid
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Methadone	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (specify):	

Scene Evidence	
<input type="checkbox"/> Heroin	Stamp Description (Logo/Logo Color):
	Stamp Description (Logo/Logo Color):
<input type="checkbox"/> Opiate Pills	Pill Description:
<input type="checkbox"/> Other Drugs	Description:

Law Enforcement Naloxone Deployment	
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
Additional Naloxone Provided:	<input type="checkbox"/> EMS Naloxone <input type="checkbox"/> Bystander Naloxone <input type="checkbox"/> Other (specify):
Disposition:	<input type="checkbox"/> Patient transfer to EMS <input type="checkbox"/> Patient deceased on scene <input type="checkbox"/> Other (specify):

Officer Narrative		
Officer's Name	Signature	Date of Report

Please email form to DPS.Naloxone@vermont.gov
For Spillman users: add "Narc" to circumstance code. For Valcour users: No code available