

# Narcan Enrollment and Record of Use

Check one:  Enrollment  Record of Use

Information Section: (Complete this Section every time)

Today's Date \_\_\_/\_\_\_/\_\_\_  
Mo Day Year

Narcan Code: \_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_  
1 2 2 3 3 3 3 3 3

Agency \_\_\_\_\_  
(Full agency name)

Site/Location \_\_\_\_\_  
(Address, cross streets, or area)

Interviewer/Trainer \_\_\_\_\_  
(Please print name clearly - first and last name)

Prescriber: \_\_\_\_\_  
(Please print names clearly – Not a signature!)

(1) First letter of legal first name \_\_\_

(4) Gender:  Male  Female  Transgender

(2) First 2 letters of last name \_\_\_\_\_

(5) County of residence \_\_\_\_\_

(3) Full Date of Birth \_\_\_/\_\_\_/\_\_\_

(6) Enrolled in Syringe Exchange:  Yes  No

(7) Do you consider yourself? Hispanic/Latino  Yes  No

(8) Do you consider yourself (read list and check all that apply)?

Black

Native American

Unknown

White

Asian/Pacific Islander

Other \_\_\_\_\_

**Enrollment:** (only complete this section if it is a First Enrollment in the Narcan Program)

(9) How did you hear about the program?

Provider

Syringe Exchange Program

Friend/acquaintance/family member enrolled in SEP

Friend/acquaintance/family member not enrolled in SEP

Law Enforcement

EMS

Other \_\_\_\_\_

(10) Amount of Narcan initially prescribed: \_\_\_\_\_ x 2.0 mg pre-filled intranasal dosages

**Record of Narcan Use and/or Refill:** (only complete this section if it is a Record of Narcan Use and/or a Refill)

(11) Date of Narcan Use: \_\_\_\_\_ (approximate is ok) (12) Amount of Narcan Used: \_\_\_\_\_ x 2.0 mg dose

(13) Amount of Narcan refill: \_\_\_\_\_ x 2.0 mg pre-filled intranasal dosage

(14) Were other drugs, besides heroin, used at the time of the overdose?  Yes  No  Unknown

If yes, please check **all** that apply:

Alcohol

Cocaine

Prescription Pain pills

Methadone

Methamphetamine/Speed

Other \_\_\_\_\_

Unknown

(15) Was the Narcan administered to a person?  Yes  No

(A) If Yes, to who was the Narcan administered?

Patient

Adult family member

Family member under age 18

Friend/acquaintance

Stranger

Other \_\_\_\_\_

Unknown

(B) If No, what happened to the Narcan?

Lost

Stolen

Confiscated by Law Enforcement

Expired

Other: \_\_\_\_\_

(16) Was the Narcan given intranasal?  Yes  No

IF NO (answer the following two questions)

(A) How was the Narcan administered?

Intravenous

Intramuscular

Subcutaneous

Other \_\_\_\_\_

Unknown

(B) What was the body site of Narcan Administration? \_\_\_\_\_

(17) Was Rescue Breathing used?  Yes  No  Unknown

(18) Was 911 called at the time of Narcan Use?  Yes  No  Unknown  
If 911 wasn't called, why not? \_\_\_\_\_

(19) Approximately how many miles from a hospital emergency department did the incident occur? \_\_\_\_\_

(20) What was the clinical disposition of the episode? (check all that apply):

Person OK

EMS

Emergency Room

Hospitalization

Deceased

Unknown

(21) Any Comments: \_\_\_\_\_

Forms must be submitted by the 10<sup>th</sup> of the following month to the NMDOH Harm Reduction Program –  
Raymond Aragon 1190 St. Francis Dr. - Suite 1300, Santa Fe, NM 87502 Phone: 505-827-2363

**Please DO NOT FAX!**