



King County

Opioid Overdose Incident and Loss Form

(Return Form within 48 hours of incident or loss)

King County Behavioral Health and Recovery Division (BHRD)

Return form by SECURE email to: odprevention@kingcounty.gov
or by fax to: 206-296-0583, ATTN: Ileana Janovich

Today's Date: _____
Staff: _____
Agency: _____

Was naloxone administered to reverse an overdose? Yes No

If YES, please ask the questions below for each overdose victim.

If NO, what happened to the naloxone that was initially provided?

- Lost Stolen
 Confiscated by law enforcement Other _____

Victim

How many doses of naloxone were administered? _____

Date of use (approximate) _____

On whom was it used?

- Client Self Family member Friend/Acquaint. Stranger
 Other _____

How was naloxone administered?

- Intranasal Other _____

Was 911 called? Yes No If NO, why not?

Where did the overdose take place? (e.g., address, building name)

Was this location:

- Private residence On the street/outside In a shelter Business (e.g., store, bar, etc.)
 Other _____

What else was done? (check all that apply)

- Rescue breathing Other _____

What was the outcome of the incident? (check all that apply)

- Overdose Reversed Hospitalization/ER Death Other _____

Additional Comments: