

OVERDOSE RISK ASSESSMENT



This information will help us learn about your use history, share relevant information on risk factors for overdose, and educate on the use of naloxone (Narcan). We encourage everyone to consider carrying an Overdose Prevention Kit, which includes naloxone. Even if you do not have a history of opioid use, this kit could save someone else.

Name _____ DOB _____

Who is your physical health insurance provider? (for example, Health Partners)? _____

Are you carrying naloxone (Narcan) today? **Yes / No** Do you need a refill? **Yes / No**

Have you ever experienced an overdose? **Yes (_____ times) / No**

Of those times,

how many overdoses were from opioid use? _____ how many times was 911 called? _____

how many times did you go to the hospital? _____

When was your most recent overdose? _____

What substances were you using at the time of your most recent overdose? _____

Have you ever been reversed with naloxone (Narcan)? **Yes / No**

If yes, who administered the naloxone (Narcan)? _____

Have you ever witnessed a drug overdose? **Yes (_____ times) / No**

When was the last time that you witnessed an overdose? _____

What was the outcome of the overdose (fatality, 911 called, hospital admission, etc.) _____

Please indicate any of following substances that are a part of your use/misuse history:

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> K2/Spice | <input type="checkbox"/> Codeine | <input type="checkbox"/> Valium | <input type="checkbox"/> Speed | <input type="checkbox"/> Methamphetamine/
Crystal Meth |
| <input type="checkbox"/> Phenergan | <input type="checkbox"/> Methadone | <input type="checkbox"/> Klonopin | <input type="checkbox"/> Tylenol 3 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Buprenorphine | <input type="checkbox"/> Bath Salts | <input type="checkbox"/> Cocaine | _____ |
| <input type="checkbox"/> Fentanyl | <input type="checkbox"/> Suboxone | <input type="checkbox"/> Clonidine
(Catapres) | <input type="checkbox"/> Ecstasy/MDMA | _____ |
| <input type="checkbox"/> Vicodin/
hydrocodone | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Gabapentin
(Neurontin) | <input type="checkbox"/> Tobacco/Nicotine | _____ |
| <input type="checkbox"/> OxyContin | <input type="checkbox"/> Xanax | <input type="checkbox"/> PCP | <input type="checkbox"/> Prescription Stim-
ulants (Adderall,
Ritalin, Concerta,
Dexedrine) | |
| <input type="checkbox"/> Tramadol | <input type="checkbox"/> Ativan | | | |

In the past 90 days, have you gone three or more days without opioids? **Yes / No**

If so, why?

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Outpatient treatment
(including MAT
outpatient) | <input type="checkbox"/> Inpatient treatment | <input type="checkbox"/> Medical Hospitalization | <input type="checkbox"/> Decided to take a break |
| | <input type="checkbox"/> Withdrawal
Management ("detox") | <input type="checkbox"/> Incarceration | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> No money | _____ |

Are you currently connected to Medicated Assisted Treatment (MAT)? **Yes / No**

If yes, what form of MAT are you currently prescribed:

- | | | | |
|-------------------------------------|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Vivitrol | <input type="checkbox"/> Buprenorphine | <input type="checkbox"/> Sublocade | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Naltrexone | <input type="checkbox"/> Suboxone | <input type="checkbox"/> Methadone | _____ |

If no, are you interested in learning more about your MAT options? _____

List any health conditions you have experienced such as seizures, immune disorder, liver disease, diabetes, asthma, allergies, and so on:

What other information do you feel is important for us to know about you?

Journey of Hope Naloxone Checklist and Order to Dispense

Overdose Risk Factors

Mixing drugs, such as using opioids and benzos; using after a period of abstinence, such as after being in prison/jail, a hospital, or inpatient detox or rehab; developing high tolerance and using more than you can handle in order to feel the high again; using substances of unknown purity or quality, such as heroin laced with fentanyl; using alone or when staying away from family; using with certain medical conditions, including immune disorder, HIV, Hep C, breathing issues (e.g., apnea, COPD), or heart disease.

Educate those you use with!

- Test for purity (“tasting,” snorting, gradual injection)
 - Don’t use alone!
 - Don’t use more than you can handle
-

Overdose Symptom Recognition

Extreme sleepiness; slower breathing; not responsive to loud noise, touch, or pain; turning blue or purple

GET HELP! Call 911 immediately!

911 Calls & Working with EMTs — We strongly recommend calling 911!

Try to speak calmly and tell the operator, “My friend is unconscious and not breathing.” Tell the operator where you are; remove all drugs and paraphernalia from sight; tell EMTs what the person has taken and what measures you have taken to bring them back — remember that EMTs are there to help!

Rescuer Safety

Remove hazardous materials, such as used syringes.

If you have gloves, wear them.

Use a barrier for rescue breathing — a T-shirt, paper cup, saran wrap, dental dam.

Anyone who is too stressed out, too high, or does not want to be around if police come should leave.

Rescue Breathing

1. Clear airway; put in Recovery Position, if breathing
2. On back, forehead back, tip chin to open airway
3. Remember to clear mouth and pinch off nose, seal your mouth over theirs
4. Two quick breaths to begin, then 1 breath every four seconds
5. Keep breathing for them until naloxone starts to work and they start breathing on their own.

If the naloxone is not working in 5–10 minutes, give a second dose. If second dose doesn't work, something else may be wrong. **GET HELP: call 911 immediately!**

Naloxone

Store away from light and at room temperature

Keep naloxone and IM (1–1½" long) needles with your works, inject 1cc. or 1 ml. into shoulder, butt cheek, or thigh.

OR put two vials in intranasal kit together and twist on atomizer, then spray up to 2 mL at a time in each nostril.

OR spray one nasal Narcan pump into one nostril and wait.

Get medical attention after the person is revived. Even if they seem fine, they may have other problems you can't see!! Let person know that if they use again, they overdose again.

Member Consent: By signing below, I give my permission for the Journey of Hope Project to verify that I have completed Opioid Overdose Prevention training. I also acknowledge that my information is private and confidential and will be reported on only in the aggregate form and my name will not be linked to my medical information for reporting purposes. My consent is valid through the duration of my time in treatment via the Journey of Hope Project.

Member Signature: _____ Date: ____/____/____

Staff Name: _____