

## Appendix 7



Informing  
Supporting  
Representing  
Leading

### Follow Up Interview/Report

The following form should be used as a brief guide (prompt for further details)

Before proceeding, establish whether the overdose was:  
FATAL OR NON FATAL? (Delete as appropriate)

Details of person providing information	
Name	
Date of birth	
Area of residence	

Date & place (include location/area) of where person overdosed	
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Details of person who overdosed -				
Male/Female				Age
Receiving opioid replacement therapy?	YES	NO	DON'T KNOW	Relationship to person providing information
				FRIEND
				FAMILY MEMBER
				OTHER (please specify)
Substances involved (If known)				
Had the person injected?	YES	NO	DON'T KNOW	

Were you present when the person overdosed?	Yes	No
If yes, how long did it take for them (from point of using) to overdose?		
What were the signs/symptoms of overdose?		
How many other people were present (Apart from you and the person who overdosed)?		



Sequence of Events -		
Naloxone administered?	YES	NO
	How many doses?	
	<i>If No, please provide reason</i>	
Ambulance phoned?	YES	NO
	<i>If No, please provide reason</i>	
What information did you give the emergency call handler?		
Did the emergency call handler talk through the naloxone process?	YES	NO
	<i>Any other comments?</i>	
Recovery position?	YES	NO
	<i>If No, please provide reason</i>	
CPR Performed?	YES	NO
	<i>If No, please provide reason</i>	
Did you wait with the person who overdosed until help arrived?	YES	NO
	<i>If No, please provide reason</i>	
How long was it before the ambulance arrived?		



Did the person who overdosed attend hospital	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>
	<i>If No, please provide reason</i>		
How long did you stay with the person who overdosed after the paramedics left?			
Did the Police attend?	<b>YES</b>	<b>NO</b>	
	<i>Details of any action taken</i>		
<b>Any additional information (including how person feels following incident/confidence etc)</b>			
Refresher training Provided?	<b>Yes</b>	<b>No</b>	

Signed .....(staff member)

Date .....

