

SERVICE FROM ADDRESS: 75 CYPRESS STREET	CITY: SHR	<input type="checkbox"/> BED CONFINED BEFORE/AFTER ARRIVAL <input checked="" type="checkbox"/> TRANS. NEAREST APPROPRIATE FACILITY <input type="checkbox"/> TRANS. FOR BENEFIT OF PREFERRED M.D. <input type="checkbox"/> TRANS. FOR REQUEST OF FAMILY: _____ <input type="checkbox"/> TRANS. FOR CARE OF SPECIALIST OR AVAILABILITY OF SPECIAL EQUIP.
SERVICE TO: UMASS – UNIVERSITY CAMPUS	CITY: WORC	

PATIENT INFORMATION			
PATIENT NAME (LAST, FIRST) SHEEHAN, CHRIS			
SEX PER SP	DATE OF BIRTH 8 / 9 / 1970	AGE PER SP	SOCIAL SECURITY NUMBER
PATIENT ADDRESS 75 CYPRESS		CITY SHREWSBURY	STATE MA
HOME TELEPHONE (508) 736-1562		STATE MA	ZIP 01545
EMPLOYER		TELEPHONE ()	WORKER'S COMP YES NO
RESPONSIBLE PARTY OR NEXT OF KIN PAT PARKER		RELATIONSHIP (CIRCLE ONE) POLICY HOLDER SPOUSE GUARDIAN SON DAUGHTER OTHER	
STREET ADDRESS SAME		CITY	STATE ZIP
INSURANCE COMPANY		MEDICAID	MEDICARE
STREET ADDRESS		CITY	STATE ZIP
SUBSCRIBER		POLICY NUMBER	GROUP NUMBER
SECONDARY INSURANCE COMPANY		POLICY NUMBER	
STREET ADDRESS		CITY	STATE ZIP

NARRATIVE
45 YO WOMAN. CALL BY ROOMMATE. 911 CALL FOR OVERDOSE. FOUND DOWN, BLUE. HX HEROIN USE. BF GAVE BYSTANDER CPR. ON ARRIVAL, AGONAL BREATHING. PINPOINT PUPILS. RR 2/MIN. IN NARCAN 2 MG WITH MOANING. AFTER SECOND 2 MG, PATIENT AWAKE, SHIVERING, VOMITING, SWEATY, CONFUSED BUT IMPROVING. REPORTING HEROIN USE.

ATTENDANT SIGNATURE	EMPLOYEE #	PARAMEDIC EMT	ATTENDANT SIGNATURE	EMPLOYEE #	PARAMEDIC EMT
ATTENDANT SIGNATURE	EMPLOYEE #	PARAMEDIC EMT	DRIVER SIGNATURE	EMPLOYEE #	PARAMEDIC EMT
PM HX: IVDA, HEP C, HTN			ALLERGIES UNK		
MEDS: UNK					

VITAL SIGNS													
TIME	BLOOD PRESSURE	PULSE R/I	RE SP R A T E	N-NORMAL S-SHALLOW D-DEEP	CARDIAC MONITOR	SAO2	O2 LPM	BGL	PUPILS		COMA SCALE		
									R	L	E	V	M
1045	/		2	S					1	1	1	1	1
1100	140/80	105	20	N	SINUS TACH	98	2		4	4	4	5	6
	/												
	/												

IV LINES						MEDS / ELECTRICAL RX						
TIME	TYPE	SITE/ROUTE	SIZE	S/U	INITIALS	TIME	THERAPY	DOSAGE	RATE/ROUTE	JOULES	RESPONSE	INITIALS
1045		LAC	20		KB	1045	NALXN	2	IN		PARTIAL	KB
						1048	NALXN	2	IN		AWAKE, VOMIT	KB
TOTAL AMT IV FLUIDS INFUSED						Pt. KG.						

AIRWAY PROCEDURES					
TIME	SIZE	ORAL	NASAL	S/U	INITIALS

CONTROLLED SUBSTANCES WASTED		
DRUG	QUANTITY	WITNESSED BY:

PROCEDURE ORDERED BY DR.: _____ FACILITY: _____

PATIENT AUTHORIZATION	
I request that payments of authorized Medicare, Supplemental and Private Insurance benefits be made either to me or on behalf to Worcester EMS, 55 Lake Avenue North Worcester, MA 01655 for any service furnished me by WEMS and subsidiaries, now or in the future. I authorize any holder of medical information about me to release to the Health Care Financing Administration, its agents and/or carriers, as well as WEMS any information needed to determine these benefits payable to related services. I also acknowledge receipt of WEMS patient privacy notice.	
Patient/Guardian Signature or Authorized Person(s) Signature if patient is unable to sign _____	Date: _____
Reason Patient is unable to Sign: _____	Relationship & Address of Person Signing: _____

<input type="checkbox"/> FOLLOW-UP REQUEST
TRIP
DATE
ACCOUNT NUMBER
CHIEF COMPLAINT
UNIT NUMBER
ORDERED BY
ATTENDING MD
RESPONSE CODE
2 3 Change 2 3
TRANSPORT CODE
2 3 Change 2 3
TIMES
Dispatched
Enroute
Arrived Scene
Departed Scene
Arrived Hospital
Departed Hospital
In Service
In Quarters
MILEAGE
Base
Scene
Hospital
Base
Total Miles
ASSISTANCE
Police
Fire
Other Ambulance
Helicopter – Service 1
Helicopter – Service 2
IMMOBILIZATION
Backboard
Scoop
KED
Head Bed / Towel Roll
C-Collar
HOSPITAL NOTIFICATION
Medical Channel
Base Operator
Base Physician
Ambulance Dispatch
Landline
Phone Patch
Cell Phone
HOSPITAL TEAM ALERT
TRAUMA TEAM
CARDIAC ALERT
STROKE ALERT
CALL OUTCOME
Transport To Facility
Care Transferred
Cancelled
Patient Refusal
Field Release
CUSTOMER VALUABLES
With Customer
Not Received
E.R. / Floor
Description:
CANCELLATIONS
D.O.A.
No Contact
KFPD Refusal
Treat and Release
Cancelled Enroute

"IMPORTANT: Administering Naloxone to someone who has NOT used opiates does NO harm"

Naloxone for Overdose Prevention

patient name

date of birth

patient address

patient city, state, ZIP code



prescriber name

prescriber address

prescriber city, state, ZIP code

prescriber phone number

Naloxone HCl 1 mg/mL
2 x 2 mL as pre-filled Luer-Lock needled syringe
(NDC 76329-3369-1)

Refills: _____

2 x Intranasal Mucosal Atomizing Device (MAD 300)

Refills: _____

For suspected opioid overdose, spray 1mL in each nostril.
Repeat after 3 minutes if no or minimal response.

Pharmacist: Call 1-800-788-7999 to order MAD 300.

prescriber signature

date

Detach for patient

How to Avoid Overdose

- Only take medicine prescribed to you
- Don't take more than instructed

- Call a doctor if your pain gets worse
- Never mix pain meds with alcohol
- Avoid sleeping pills when taking pain meds

- Dispose of unused medications
- Store your medicine in a secure place
- Learn how to use naloxone

- Teach your family + friends how to respond to an overdose



Are they breathing? → Call 911 for help

Signs of an overdose:

- Slow or shallow breathing
- Gasping for air when sleeping or weird snoring
- Pale or bluish skin
- Slow heartbeat, low blood pressure
- Won't wake up or respond (rub knuckles on sternum)

All you have to say:
"Someone is unresponsive and not breathing."
Give clear address and location.



Airway → Rescue breathing

Make sure nothing is inside the person's mouth.

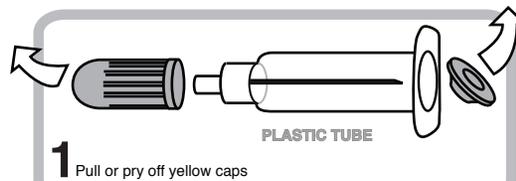
Oxygen saves lives. Breathe for them.
One hand on chin, tilt head back, pinch nose closed.
Make a seal over mouth & breathe in
1 breath every 5 seconds
Chest should rise, not stomach



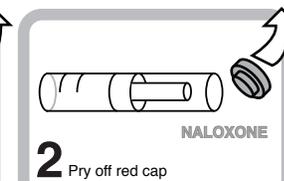
Prepare Naloxone

Are they any better? Can you get naloxone and prepare it quickly enough that they won't go for too long without your breathing assistance?

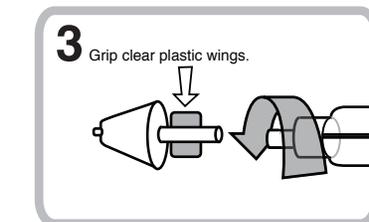
PrescribeToPrevent.org



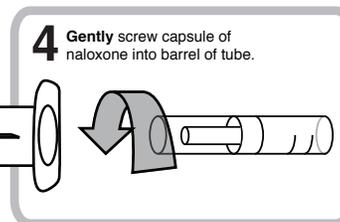
1 Pull or pry off yellow caps



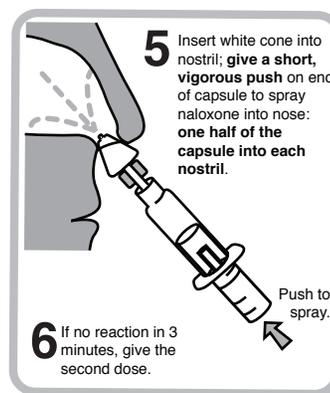
2 Pry off red cap



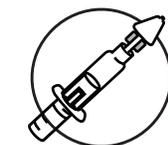
3 Grip clear plastic wings.



4 Gently screw capsule of naloxone into barrel of tube.



Source: HarmReduction.org



Evaluate + support

- Continue rescue breathing
- Give another 2 sprays of naloxone in 3 minutes if no or minimal breathing or responsiveness
- Naloxone wears off in 30-90 minutes
- Comfort them; withdrawal can be unpleasant
- Get them medical care and help them not use more opiate right away
- Encourage survivors to seek treatment if they feel they have a problem



Recognition of Opioid Overdose

Classic triad:

- Coma (depressed mental status)
- Pinpoint pupils
- Respiratory depression (<12 breaths/min in adults)
- All three may not be present
- Patients in recovery can be prescribed opiates when benefit outweighs risk (such as major surgery, trauma), but there must be careful planning, open discussion, safe dispensing and close monitoring.
- Increasingly opioid deaths involve fentanyl, either alone or in combination with heroin (<https://www.bostonglobe.com/metro/2016/11/07/overdose-deaths-mass-continue-surge/z9AdKhXF43NAhngHYvTguO/story.html>)

Readiness/Confidence to Change

Readiness/ Confidence to change rulers

1. How important to you is your physical health?

'The Readiness Ruler'

<i>Not important at all</i>										<i>Extremely important</i>	
1	2	3	4	5	6	7	8	9	10		

2. How confident are you about changing?

'The Confidence Ruler'

<i>Not confident at all</i>										<i>Extremely confident</i>	
1	2	3	4	5	6	7	8	9	10		

4. Why did you score yourself so high/ low?
5. What would help to move you higher on the scale?
6. How high on the scale would you need to be to change?

Sample Local Substance Use Disorder Treatment Resources in Central MA

Spectrum Health Systems Masshealth and freecare options	Westborough campus Inpatient Detoxification Transitional Support Services (TSS) Residential Program (RP) Women and Children's	508-898-1570
	Outpatient Mental Health Outpatient Substance Abuse Intensive Outpatient Methadone Maintenance Buprenorphine	508-854-3320, ext 1161
Everyday Miracles Peer Recovery Center	25 Pleasant St	508-799-6221
Community Health Link Masshealth and freecare options	Inpatient Detoxification	508-860-1200
	Passages Short Term stabilization (CSS) Transitional stabilization (TSS)	508-860-1142
	Motivating Youth Recovery (MYR) adolescent inpatient detox and stabilization	508-438-5642
	Outpatient mental health Outpatient substance abuse Buprenorphine Homeless Outreach and Advocacy (HOAP)	508-860-1000 508-860-1260
Adcare Inpatient detox private and medicare Outpatient private, Medicare and Masshealth	Inpatient detoxification Intensive outpatient Outpatient Buprenorphine	1-800-ALCOHOL 1-800-252-6465
MA state buprenorphine hotline		617-414-6926
MA state treatment finder	www.helpline-online.com	800-327-5050
UMASS Department of Psychiatry	Mental Health Buprenorphine	508-334-5393
AA	www.AAWorcester.org	508-752-9000
NA	www.centralmassna.org	866-624-3578
Experience Wellness Worcester	Buprenorphine	508-890-0990
Dr. Fajana, Main St. Worcester	Buprenorphine	508-753-4151
Clean Slate, Worcester	Buprenorphine/naltrexone	877-218-2340

Screening, Brief Intervention, Referral to Treatment (SBIRT)

- Consists of
 - Screening: assess the level of use, reasons for use, and other important factors
 - Brief intervention: engage the patient in conversation, consider using 'ruler' to assess interest/willingness to change
 - Referral to Treatment: based on availability and the patient's specific needs, interest, insurance.

Medication Assisted Treatment (MAT)

To date, there is strong evidence to support the use of MAT (usually methadone, buprenorphine or naltrexone) in opioid addiction. Yet, there remains a stigma of “replacing one drug with another” and 25% of publicly funded treatment programs offer FDA approved MAT.

MAT:

- Decreases withdrawal in the early phases of recovery
- Decreases cravings
- Decreases risky activities associated with obtaining medications or drugs
- The POATS study found that approximately 61% of patients taking buprenorphine-naloxone as MAT with standard medical management remained abstinent from opioids at 3 ½ years.

Knudsen H, Abraham A, Roman P, “Adoption and Implementation of Medications in Addiction Treatment Programs,” *Jrnl Addiction Med* 5, no1 (2011):21-7.

Weiss R, Potter J et al, Long-term outcomes from the National Drug Abuse Treatment Clinical Trials Network Prescription Opioid Addiction Treatment Study. *Drug and Alcohol Dependence*, March 6, 2015.

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