

*Thank you for
your
participation!*



**UConn
HEALTH**

POISON
Help
1-800-222-1222

CT EMS

Statewide Opioid Reporting Directive

- Call CT Poison Control after any call where the patient is suspected of opioid use, causing decreased responsiveness, respiratory depression or death.
- Call whether naloxone was administered or not.

SWORD

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Call Poison Control (PC) @ 1-800-222-1222, say "I need to speak with CT PC. I have a call for CT SWORD", give your name, service name, and ambulance number. Answer the following:

- ① Patient Name
- ② Patient Age (DOB if possible)
- ③ Patient Gender
- ④ Incident address and type (pt. home, public area, unknown, etc.)
- ⑤ Opioid used (heroin, fentanyl, pill, unknown)
- ⑥ Route (IV, IN, PO, smoked, unknown)
- ⑦ Disposition (transport, refusal, dead, pt not found)
- ⑧ Naloxone given (Y or N), if yes:
 - a. delivery method (IN/IM/IV) and dose
 - b. who gave first dose (citizen, PD, FD, EMT, EMTP)
 - c. side effects noted? (Y or N) (emesis, agitation, other)
- ⑨ Describe bag stamp picture and/or name
-send pic to poisoncontrol@uchhc.edu if possible; case # in subject line
- ⑩ Brief description of call

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