

## EpiAid: Excess Fentanyl-related Overdose Deaths - Rhode Island, 2014

ME Chart #

OSME Data Sources (check all that apply):

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Brief Narrative (OSME) | <input type="checkbox"/> Medical Records  |                                       |
| <input type="checkbox"/> Toxicology Report      | <input type="checkbox"/> EMS Run Sheet    | <input type="checkbox"/> Case Pending |
| <input type="checkbox"/> Autopsy Report         | <input type="checkbox"/> LE/Police Report |                                       |
| <input type="checkbox"/> Other                  | <input type="text"/>                      |                                       |

Abstraction Date

Abstractors' Initials

### DEMOGRAPHICS

Education (select highest level)

Occupation

Comments/Notes

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# History of Drug Use

History of illicit drug use?

None Specified

If yes, specify (check all that apply):

- Cocaine
- IVDU (unspecified)
- Marijuana
- Methamphetamines
- Inhalants
- Other/Unknown
- Heroin
- Prescription Drugs
- OTCs

If other, specify:

History of opiate/opioid use?

Yes, current

- Prescription Opioid, Active Rx
- Prescription Opioid, No Rx
- Prescription Opioid, Undetermined

History of prior overdose?

None Specified

Number of prior overdoses (if known):

**Overdose Definition:**

- 1) Mention of prior overdose**
- OR**
- 2) Prior intoxication requiring evaluation, treatment or intervention**

**If yes, complete for most recent overdose (excluding fatal event):**

Naloxone ever given previously?

History of drug abuse treatment/rehab?

Not Specified

Most recent release date from rehab?

Notes/Comments:

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# Medical History

## Reported Medical Conditions

- |   |                                       |                                      |  |
|---|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Coronary artery disease  | <input type="checkbox"/> Asthma/COPD  | <input type="checkbox"/> HIV         | <input type="checkbox"/> None Specified        |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Clearly Stated "None" |
| <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Seizure D/O  | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Tobacco               |
| <input type="checkbox"/> Obesity                  | <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Insomnia    | <input type="checkbox"/> Alcohol               |

Other:

History of mental illness (excluding substance abuse)?

None Specified ▼

**If yes, select all that apply:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Depressive disorder | <input type="checkbox"/> PTSD                | <input type="checkbox"/> ADHD          |
| <input type="checkbox"/> Anxiety disorder    | <input type="checkbox"/> Suicidal attempt(s) | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Suicidal ideation   | <input type="checkbox"/> Bipolar             | <input type="checkbox"/> Unspecified   |

Currently on medication for mental illness?

Yes ▼

**If yes, check all that apply:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Antidepressant | <input type="checkbox"/> Antipsychotic/mood stablizer | <input type="checkbox"/> Sedative  |
| <input type="checkbox"/> Benzodiazepine | <input type="checkbox"/> Anticonvulsant               | <input type="checkbox"/> Other (specify) <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> |

Other:

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**Incident and Scene**

Place of Injury (Overdose)

Home ▾

Place of Death

Home ▾

Drug Paraphernalia on Scene

None Specified ▾

Needle Still in Vein

None Specified ▾

Fresh track marks present?

None Specified ▾

If yes, specify paraphernalia:

Were other people overdosed in same incident?

None Specified ▾

If yes, did they share drugs?

Observers at place of injury (present at any point from intoxication onset to death):

- Family   
 Strangers   
 Clearly Stated "No"   
 None Specified  
 Friend(s)   
 Medical personnel   
 Significant Other   
 Other

**If any observers present:**

Did observers administer naloxone at place of injury?

Dose (specify mg or #)

Did observer/bystander attempt resuscitation?

Did an observer/bystander call 911?

Report of scene cleaning?

Observers remain on scene?

Did 1st responder respond to scene?

Not Applicable (specify) ▾

Why N/A?

**If yes, 1st responders included:**

- Ambulance/EMS/Fire   
 Police Department   
 None Specified

Did 1st responders attempt resuscitation?

Dose (specify mg or #)

Did EMS administer naloxone?

Notes/Comments

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# ED/Hospitalization

Did the person visit the ED?

No, died in field ▼

**If yes,**

Medical records available?

▼

Recieve naloxone in ED?

▼

If yes, naloxone dose (specify mg or #)

Was the person admitted to the hospital?

▼

If yes, number of days:

Notes/Comments:

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# AUTOPSY FINDINGS

**Check all that are specifically listed in the autopsy findings:**

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Coronary artery disease, Severe or >75% | <input type="checkbox"/> Asthma/COPD  | <input type="checkbox"/> HIV         |
| <input type="checkbox"/> Congestive Heart Failure                | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Obesity                                 | <input type="checkbox"/> Cirrhosis    | <input type="checkbox"/> Hepatitis C |

Evidence of track marks?

Clearly Stated "No" ▼

Evidence of ingestion?

None Specified ▼

Evidence of inhalation?

None Specified ▼

Contributing cause(s) of death

Same as cause of death

Comments/Notes:

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**TOXICOLOGY****Drugs of Abuse Screen (ELISA Preliminary)**

<input type="checkbox"/> Ethanol	Det. Limit: 25mg/dl
<input type="checkbox"/> Fentanyl	Det. Limit: 2ng/dl
<input type="checkbox"/> Oxycodone	Det. Limit: 50ng/ml
<input type="checkbox"/> Amphetamine	Det. Limit: 50ng/ml
<input type="checkbox"/> Benzodiazepines	Det. Limit: 50ng/ml
<input type="checkbox"/> Cannabinoids	Det. Lim: 20ng/ml
<input type="checkbox"/> Tricyclic Antidepressants	Det. Limit: 50ng/ml
<input type="checkbox"/> Acetaminophen	Det. Lim: 20 mcg/ml
<input type="checkbox"/> Propoxyphene	Det. Limit: 50ng/ml
<input type="checkbox"/> Carisoprodol	Det. Limit: 1000ng/ml
<input type="checkbox"/> Methamphetamine	Det. Limit: 50ng/ml
<input type="checkbox"/> Zolpidem	Det. Limit: 20ng/ml
<input type="checkbox"/> Barbiturates	Det. Limit: 50ng/ml
<input type="checkbox"/> Cocaines	Det. Limit: 500ng/ml
<input type="checkbox"/> Methadone	Det. Limit: 50ng/ml
<input type="checkbox"/> Opiates	Det. Limit: 50ng/ml
<input type="checkbox"/> Salicylates	Det. Limit: 50mcg/ml

Notes/Comments:

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# Confirmatory Toxicology Results

Ethanol Level (highest)

Heroin Criteria

- 1) Morphine present on tox  
AND ANY OF
- 2) Codeine present on tox
- 3) 6-AM (AM, 6-MAM)
- 4) Track marks (reported by any source)
- 5) Heroin drug paraphernalia

## Heroin Results

Does this meet criteria for heroin?

- Morphine
- 6-MAM
- Codeine
- Track marks
- Drug Paraphernalia

Notes/Comments:

## Fentanyl Results

Is fentanyl confirmed?

Was fentanyl confirmed in environmental samples?

ng/mL

Acetylfentanyl

ANPP

## Confirmed Drugs

Contributing Drug 1

Contributing Drug 6

Contributing Drug 11

Contributing Drug 2

Contributing Drug 7

Contributing Drug 12

Contributing Drug 3

Contributing Drug 8

Contributing Drug 13

Contributing Drug 4

Contributing Drug 9

Contributing Drug 14

Contributing Drug 5

Contributing Drug 10

Contributing Drug 15

Others/Notes/Comments:

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### Legal History

Does the person have history of convictions?

None Mentioned ▼

If no, SKIP TO:

New Record

If yes,

Number of prior convictions:

Date of first conviction:

Date of most recent conviction:

If yes, check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Robbery, Burglery, Larceny, Theft                | <input type="checkbox"/> Drug possession   |
| <input type="checkbox"/> Manufacture, sale, distribution of illegal drugs | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Aggravated assault/battery                       | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Murder/Nonnegligent manslaughter                 | Specify:                                   |
| <input type="checkbox"/> Forcible rape                                    |  |

Was the person ever in jail/prison?

▼

Date of most recent release from jail/prison:

Date Unknown

Was patient given naloxone/rx on prison release?

▼

Notes/Comments

New Record