

Attachment E

Screens Retrieving and Refiling Records

State Unintentional Drug Overdose Reporting System (SUDORS)

Form Approved

OMB No. xxx-xxx

Exp. Date: x/xx/xxxx

Public Reporting burden of this collection of information is estimated at 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NW, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-XXXX).

Introduction

This document displays the screens that abstractors use to enter required data elements. The variable name associated with each data entry field is provided to help users interpret and analyze the data.

1.0 Demographic Variables

1.1 Demographics, Race, and Ethnicity

Demographics, Race, and Ethnicity

Basic Demographics

Person type
 ✖ ▼ 1

Day of birth
 2

Last 4 of CME
 4

Sex
 ✖ ▼ 6

Transgender 7

Age Age unit
 8 ✖ ▼ 9

Height Feet
 ✖ ▼ 10

Height Inches Weight (lbs)
 ✖ ▼ 11 12

Race & Ethnicity

Check all that apply

White 17

Black or African American 18

Asian 19

Native Hawaiian or Other Pacific Islander 20

American Indian or Alaska Native 21

Other Race 22

Unspecified Race 23

Hispanic/Latino/Spanish 24

✖ ▼

Extended Demographics

Marital status
 ✖ ▼ 13

Victim was pregnant
 ✖ ▼ 14

Alternative sexual orientation
 ✖ ▼ 15

Current or former military personnel
 ✖ ▼ 16

1 PersonType	9	AgeUnit	17 RaceWhite
2 BirthDayOfMonth	10	HeightFeet	18 RaceBlack
3 LastNameFirstInitial	11	HeightInches	19 RaceAsian
4 CMENumberLastFour	12	Weight	20 RacePacificIslander
5 DCNumberLastFour	13	MaritalStatus	21 RaceAmericanIndian

2

6	Sex	14	Pregnant	22	RaceOther
7	Transgender	15	SexualOrientation	23	RaceUnspecified
8	Age	16	Military	24	Ethnicity

1.2 Place of Residence, Birthplace, Industry, Occupation, and Education

emographics Injury and Death Circumstances Weapons Suspects Toxicology IPV CFR State Defined Data

+ Demographics, Race, and Ethnicity

- Place of Residence, Birthplace, Industry, Occupation, and Education

Residence	Residence Census	Birth Place	Other
Country of residence ¹ Q (233) US	US Census tract of residence ⁶ **** **	Birth state, territory or country ¹⁰ Q (99) Unknown	Homeless ¹⁵ Q (0) No
State of residence ² Q (41) Oregon	US Census block group of residence ⁷ #	Birth Country, if other ¹¹ 	
County of residence ³ Q Type here to search	Industry	Occupation	Education
City of residence ⁴ Q Type here to search	Kind of business/industry code ⁸ ###	Usual occupation code ¹² ###	Education by degree ¹⁶ Q (1) 9th - 12th grade
Zip code of residence ⁵ 88888	Usual industry text ⁹ 	Usual occupation text ¹³ 	Education by number of years ¹⁷ Q Type here to search
		Current occupation ¹⁴ 	

- 1 Country
- 2 ResidenceState
- 3 ResidenceCounty
- 4 ResidenceCity
- 5 ResidenceZip
- 6 ResidenceCensusTract
- 7 ResidenceCensusBlock
- 8 Industry
- 9 IndustryText

- 10 BirthPlace
- 11 BirthCountryOther
- 12 UsualOccupation
- 13 OccupationText
- 14 OccupationCurrentText
- 15 Homeless
- 16 EducationLevel
- 17 EducationYears

2.0 Injury and Death

2.1 Injury Locations, Time, and Events

Injury and Death
Circumstances
Weapons
Suspects
Toxicology
IPV
CFR
State Defined Data
expand

Manner of Death

Abstractor-assigned manner must be compatible with the manner given in at least one other data source

Manner of death per abstractor **1**

Manner of death on DC **2**

Manner of death per CME **3**

Manner of death per LE **4**

Injury Locations, Time, and Events

Where Injury Occurred and Time

State or Territory where injury occurred **5**

County where injury occurred **6**

City where injury occurred **7**

Zip code where injury occurred **8**

Type of location where injured **9**

US census tract where injury occurred **10**

US census block group where injury occurred **11**

Date of injury **12**
 Month Day Year

Time of Injury (Military Time format **13**
 e.g. 0000-2359, 9999)

Injury Events

Injured at work **14**

Injured at victim's home **15**

EMS at scene **16**

Victim in custody when injured **17**

Recent release from institution **18**

Alcohol use suspected when injured **19**

Survival time no. of units: **20**

Unit of time used in survival time: **21**

Hospital Codes

Wounds and Death Certificate

- | | | |
|-------------------------|------------------------|------------------------|
| 1 DeathMannerAbstractor | 9 InjuryLocationType | 17 VictimInCustody |
| 2 DeathMannerDC | 10 CensusTract | 18 RecentRelease |
| 3 DeathMannerCME | 11 CensusBlock | 19 AlcoholUseSuspected |
| 4 DeathMannerLE | 12 InjuryDate | 20 SurvivalTime |
| 5 InjuryState | 13 InjuryTime | 21 SurvivalTimeUnit |
| 6 InjuryCounty | 14 InjuredAtWork | |
| 7 InjuryCity | 15 InjuredAtVictimHome | |
| 8 InjuryZip | 16 EMSPresent | |

2.2 Hospital Codes

Injury and Death Circumstances Weapons Suspects Toxicology IPV CFR State Defined Data [+ expand a](#)

Manner of Death

Abstractor-assigned manner must be compatible with the manner given in at least one other data source

Manner of death per abstractor Manner of death on DC Manner of death per CME Manner of death per LE

[+ Injury Locations, Time, and Events](#)

[- Hospital Codes](#)

Hospital	ICD9 Code	
Victim seen in emergency department <input type="text" value="Type here to search"/> 1	First external cause of injury ICD9 code by hospital <input type="text" value="Type here to search"/> 3	Second external cause of injury ICD9 code by hospital <input type="text" value="Type here to search"/> 4
<input type="checkbox"/> Victim admitted to inpatient care 2		
ICD10 Code		
	First external cause of injury ICD10 code by hospital <input type="text" value="Type here to search"/> 5	Second external cause of injury ICD10 code by hospital <input type="text" value="Type here to search"/> 6

[+ Wounds and Death Certificate](#)

- 1 EmergencyDepartment
- 2 HospitalAdmit
- 3 ExternalCause1ICD9
- 4 ExternalCause2ICD9
- 5 ExternalCause1ICD10
- 6 ExternalCause2ICD10

2.3 Underlying Cause of Death & Location of Death

dc.gov/NVDRS/Victim/InjuryDeath.aspx?PersonId=613# National Violent Death Rep... x

Home Incidents Reporting Help About Log Out Sharyn Brown - State Administrator (OR) Incident Search Search incident ID's

Incident Overview » OR 2013 Incident: 4 SAVE Init Sa

Hospital Codes expand a

Wounds and Death Certificate

Underlying Cause of Death - ICD10

Underlying cause of death ICD10 code **1**

Underlying cause of death ICD10 code 4th digit **2**

Underlying cause of death ICD10 code 5th digit **3**

Location of Death

Place of death **4**

State or territory of death **7**

Place of death, if other **5**

Date Pronounced Dead **8**

Date of Death **9**

Autopsy performed **6**

Cause of Death

Immediate cause of death **10**

Cause leading to immediate cause of death **11**

Next antecedent cause of death **12**

Underlying cause of death **13**

- | | |
|-------------------------------|----------------------|
| 1 UnderlyingCauseCode | 8 DatePronouncedDate |
| 2 UnderlyingCauseCode4thDigit | 9 DeathDate |
| 3 UnderlyingCauseCode5thDigit | 10 DeathCause1 |
| 4 DeathPlace | 11 DeathCause2 |
| 5 DeathPlaceText | 12 DeathCause3 |
| 6 AutopsyPerformed | 13 DeathCause4 |
| 7 DeathState | |

3.0 Circumstances

3.1 Mental, Health, Substance Abuse, and Other Addiction & Relationship and Life Stressors

CIRCUMSTANCE VARIABLE NAMES BY DATA SOURCE (CME AND LE)
 NUDORS only uses variables abstracted from coroner and medical examiners. If the CME report is the source, CME variable names are preceded by "CME_" (e.g., "CME_VariableName").

CRISIS VARIABLE NAMES
 Whenever a circumstance was a crisis (i.e., occurred within two weeks of the fatal overdose), the CME variable is stored in a separate variable from the circumstance in the export file. Specifically, crisis variables will have the word "crisis" inserted between the data source (i.e., CME) and the circumstance name in the variable label variable (e.g., CME_CrisisVariableName,). For example, the crisis variables for "Stalking" will be CME_CrisisStalking.

- | | | | | | |
|---|-------------------------------|----|--------------------------------|----|----------------------------------|
| 1 | MentalHealthProblem | 11 | CME_MentalHealthDiagnosis1 | 20 | InterpersonalViolencePerpetrator |
| 2 | DepressedMood | 12 | CME_MentalHealthDiagnosis2 | 21 | InterpersonalViolenceVictim |
| 3 | MentalIllnessTreatmentCurrent | 13 | CME_MentalHealthDiagnosisOther | 22 | FightBetweenTwoPeople |
| 4 | HistoryMentalIllnessTreatment | 14 | IntimatePartnerViolence | 23 | Argument |

- 5 AlcoholProblem
- 6 SubstanceAbuseOther
- 7 OtherAddiction
- 15 IntimatePartnerProblem
- 16 FamilyStressors
- 17 RelationshipProblemOther
- 25 CME_ArgumentTiming
- 26 CME_CircumstancesKnown

3.2 Manner Specific Circumstances for Suicide Deaths

Mental Health, Substance Abuse, and other Addictions				Relationship and Life Stressors				Crime and Criminal Activity				Manner Specific Circumstances for Homicide and Suicide Deaths					
LE	LE CRISIS	CME	CME CRISIS	LE	LE CRISIS	CME	CME CRISIS	LE	LE CRISIS	CME	CME CRISIS	LE	LE CRISIS	CME	CME CRISIS		
Homicide/Legal Intervention Specific Circumstances								Suicide/Undetermined Specific Circumstances									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Justifiable self defense	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History of suicide attempts	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disclosed suicidal thoughts or intent to commit suicide	14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Victim was a police officer on duty	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disclosed intent to whom from LE	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disclosed intent to whom from CME	16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Victim was a bystander	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LE disclosed intent to whom		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CME disclosed intent to whom	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Random violence	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left a suicide note	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	History of expressed suicidal thoughts or plans	18
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Victim was an intervener	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life Stressors							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Victim used a weapon	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contributing criminal legal problem	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Civil legal problems	20
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mercy killing	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contributing physical health problem	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job problem	22
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hate crime	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial problem	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School problem	24
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jealousy (lover's triangle)	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eviction or loss of home	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suicide of friend or family	26
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brawl (3 people or more in a physical fight)	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-suicide death of friend or family	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anniversary of a traumatic event	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drive-by shooting	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disaster exposure	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug involvement	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

- 13 SuicideAttemptHistory
- 14 SuicideIntentDisclosed
- 16 CME_DisclosedIntentToWhom
- 17 SuicideNote
- 22 JobProblem
- 23 FinancialProblem
- 24 SchoolProblem
- 25 EvictionorLossofHome
- 29 DisasterExposure

18	SuicideThoughtHistory	26	RecentSuicideFriendFamily
19	RecentCriminalLegalProblem	27	DeathFriendorFamilyOther
20	LegalProblemOther	28	TraumaticAnniversary
21	PhysicalHealthProblem	22	JobProblem

3.3 Other Circumstances

Circumstances From LE
 Circumstances From CME
 + expand

- + Mental Health, Substance Abuse, and other Addictions
- + Relationship and Life Stressors
- + Crime and Criminal Activity
- + Manner Specific Circumstances for Homicide and Suicide Deaths
- + Manner Specific Circumstances for Unintentional Firearm Deaths
- Other Circumstances

LE	LE CRISIS	CME	CME CRISIS		
<input type="checkbox"/>		<input type="checkbox"/>		Crisis in past two weeks or upcoming two weeks (legacy data element) ¹	Other circumstance CME ³
					Other circumstance LE ²

- 1 CrisisRecent
- 2 LE_CircumstancesOtherText
CME_CircumstancesOtherTex
- 3 t

4.0 Toxicology

4.1 Toxicology Specimen Date & Toxicology Findings

Demographics | Injury and Death | Circumstances | Weapons | Suspects | **Toxicology** | IPV | CFR

No toxicology report **1**

Date specimens were collected

Month Day Year Time

2

Comments **3**

Toxicology Findings

[+ Add Substance](#)

Substance 4	Tested 5	Results 6	Cause of Death 7	Person prescribed for 8	Category 9	
<input type="text" value="Q (57) 8-BALL COCAINE"/>	<input type="text" value="Q (1) Tested"/>	<input type="text" value="Q (1) Present"/>	<input type="checkbox"/>	<input type="text" value="Q Type here to search"/>	COCAINE (7)	Delete
<input type="text" value="Q (58) 8-BALL HEROIN"/>	<input type="text" value="Q (1) Tested"/>	<input type="text" value="Q (2) Not present"/>	<input type="checkbox"/>	<input type="text" value="Q Type here to search"/>	OPIATE (12)	Delete
<input type="text" value="Q (59) 8-BALL METHAMPHETAMINE"/>	<input type="text" value="Q (1) Tested"/>	<input type="text" value="Q (2) Not present"/>	<input checked="" type="checkbox"/>	<input type="text" value="Q Type here to search"/>	AMPHETAMINE (2)	Delete
<input type="text" value="Q (643) ALCOHOL"/>	<input type="text" value="Q (1) Tested"/>	<input type="text" value="Q (1) Present"/>	<input checked="" type="checkbox"/>	<input type="text" value="Q Type here to search"/>	ALCOHOL (1)	Delete
<input type="text" value="Q Type here to search"/>	<input type="text" value="Q Type here to search"/>	<input type="text" value="Q Type here to search"/>	<input type="checkbox"/>	<input type="text" value="Q Type here to search"/>		Delete
<input type="text" value="Q Type here to search"/>	<input type="text" value="Q Type here to search"/>	<input type="text" value="Q Type here to search"/>	<input type="checkbox"/>	<input type="text" value="Q Type here to search"/>		Delete
<input type="text" value="Q Type here to search"/>	<input type="text" value="Q Type here to search"/>	<input type="text" value="Q Type here to search"/>	<input type="checkbox"/>	<input type="text" value="Q Type here to search"/>		Delete
<input type="text" value="Q Type here to search"/>	<input type="text" value="Q Type here to search"/>	<input type="text" value="Q Type here to search"/>	<input type="checkbox"/>	<input type="text" value="Q Type here to search"/>		Delete

- 1 No Toxicology Available
- 2 SpecimensTime
- 3 Comments
- 4 SubstanceName
- 5 SubstanceTested
- 6 SubstanceResult

- SubstanceCausedDeath
- 7 h
- 8 DrugObtainedFor
- 9 SubstanceClass

4.2 Toxicology Summary

Toxicology Summary

Category	Tested	Results
Alcohol	<input type="text" value="Type here to..."/> 1	<input type="text" value="Type here to..."/> 2 BAC: 0.000 3
Carbon Monoxide	<input type="text" value="Type here to..."/> 4	<input type="text" value="Type here to..."/> 5 <input type="text" value="Source"/> 6
Amphetamines	<input type="text" value="Type here to..."/> 7	<input type="text" value="Type here to..."/> 8
Anticonvulsants	<input type="text" value="Type here to..."/> 9	<input type="text" value="Type here to..."/> 10
Antidepressants	<input type="text" value="Type here to..."/> 11	<input type="text" value="Type here to..."/> 12
Antipsychotic	<input type="text" value="Type here to..."/> 13	<input type="text" value="Type here to..."/> 14

Category	Tested	Results
Barbiturates	<input type="text" value="Type here to..."/> 15	<input type="text" value="Type here to..."/> 16
Benzodiazepines	<input type="text" value="Type here to..."/> 17	<input type="text" value="Type here to..."/> 18
Cocaine	<input type="text" value="(1) Tested"/> 19	<input type="text" value="(1) Present"/> 20
Marijuana	<input type="text" value="Type here to..."/> 21	<input type="text" value="Type here to..."/> 22
Muscle Relaxants	<input type="text" value="Type here to..."/> 23	<input type="text" value="Type here to..."/> 24
Opiates	<input type="text" value="Type here to..."/> 25	<input type="text" value="Type here to..."/> 26


Narratives

1 AlcoholTested	9 AnticonvulsantsTested	17 BenzodiazepinesTested	25 OpiateTested
2 AlcoholResult	10 AnticonvulsantsResult	18 BenzodiazepinesResult	26 OpiateResult
3 AlcoholLevel	11 AntiDepressantTested	19 CocaineTested	
4 CarbonMonoxideTested	12 AntiDepressantResult	20 Cocaine test result	
5 CarbonMonoxideResult	13 AntipsychoticTested	21 MarijuanaTested	
6 CarbonMonoxideSource	14 AntipsychoticResult	22 MarijuanaResult	
7 AmphetamineTested	15 BarbituratesTested	23 MuscleRelaxantTested	
8 AmphetamineResult	16 BarbituratesResult	24 MuscleRelaxantResult	

5.0 Document

« Previous Incident | **Incident Overview » WY 2013 Incident: 8**

MENU **New Document**

 Victims

Document unavailable **1**

Document type **2**

Source agency requested from **3**


Date record requested **4**


Date record re-requested **5**


Date record received **6**


Date record abstracted/imported **7**

Date entered data checked **8**

 Documents

 Incident Summary

 Activity Log

 Tools

Document notes **9** *Do not enter any PII data.*

- 1 DocumentUnavailable
- 2 DocumentType
- 3 AgencySource
- 4 Date record requested

- 5 Date record re-requested
- 6 Date record received
- 7 AbstractedDate
- 8 Date entered data checked
- 9 DocumentNotes

6.0 Incident

6.1 Incident Overview

The screenshot displays the 'Incident Overview' page for 'WY 2013 Incident: 1'. The page is divided into several sections:

- Header:** Navigation menu (Home, Incidents, Reporting, Help, About, Log Out), user information (Matthew Gladden - State Administrator (WV)), incident search bar, and a 'SAVE' button with timestamps.
- Left Sidebar:** 'MENU' with options: Incident Summary (14), Activity Log (15), and Tools (17). Below is an 'Activity Topic' dropdown set to 'General Comments' and a text area for activity.
- Main Content Area:**
 - Incident type:** 1 (Single suicide)
 - Incident Stats:** 0 Source Documents, 2; 2 Victims, 3; 0 Number of nonfatally shot persons, 4.
 - Incident Checklist:**
 - Flag this incident for follow-up: 5
 - Data abstraction completed
 - Death Certificate: 6
 - Coroner/Medical Examiner Report: 7
 - Toxicology Report: 8
 - Law Enforcement Report: 9
 - Abstractor Name: 10 (Matt/Craig)
 - Date supervisor checked incident: 11 (08/27/2013)
 - Date supervisor re-checked: 12 (08/27/2013)
 - Incident Complete: 13
 - Victim(s):**
 - Victim 1:** 8 Years; Male; White; Hispanic. Weapons: 18 (Firearm - Shotgun, Unknown Type - Caliber is not applicable for shotgun or unknown gun type; Fall). Suspects: 19 (34 y/o; Male; Black; Hispanic).
 - Victim 2:** Male. Weapons: 18 (Firearm - Shotgun, Unknown Type - Caliber is not applicable for shotgun or unknown gun type; Drowning). Suspects: 19 (24 y/o; Male).
 - Document(s):** Add Document button.

- | | | |
|------------------------|----------------------------|---------------------|
| 1 IncidentType | 8 CompleteToxicology | 15 LastUpdateDate |
| 2 NumberOfDocuments | 9 CompleteLE | 16 DateDeleted |
| 3 NumberOfVictims | 10 AbstractorName | 17 DateMerged |
| 4 NumberNonfatallyShot | 11 SupervisorCheckedDate | 18 NumberOfWeapons |
| 5 FollowUp | 12 SupervisorRecheckedDate | 19 NumberOfSuspects |
| 6 CompleteDC | 13 CompleteIncident | |

6.2 CME Incident Narratives

Incident Overview » WY 2013 Incident: 1

SAVE Saved: 08/27/2013 10:36:20

MENU

- Incident Summary
- Activity Log
- Tools

Incident type
Type here to search

Victim(s) + Add Victim

× Victim 1	Victim 1:
-------------------------	-----------

Document(s) + Add Document

Incident Stats

- 0 Source Documents
- 1 Victims
- 0
Number of nonfatally shot persons

Incident Checklist

- Flag this incident for follow-up
- Data abstraction completed
 - Death Certificate
 - Coroner/Medical Examiner Report
 - Toxicology Report
 - Law Enforcement Report
- Abstractor Name
- Date supervisor checked incident
- Date supervisor re-checked
- Incident Complete

LE Narrative 1

Narratives

CME Narrative 2

NarrativeCM
2 E

7.0 Unintentional Drug Overdose Questions

7.1 Type of Poisoning, Substance Abuse, Response to Drug Overdose, and Other Questions

Weapons Suspects Toxicology **OD** IPV CFR State Defined Data

Drug Overdose/Poisoning

Type of drug poisoning 1

Substance Abuse

Previous drug overdose 2

Treatment for substance abuse 3

History of opioid/heroin abuse 4

Scene indications of drug abuse (Check all that apply) 5

None

Drug paraphernalia

Track marks on victim

Illicit drugs at scene

Presence of buprenorphine, not including BuTrans

Prescription drugs, not prescribed to decedent

Other scene indication of drug abuse (Include in Indication Other Narrative box)

Indication Other Narrative

Response to drug overdose

Naloxone/Opioid antagonist administered 6

Bystanders present at time of overdose 7

Other

Route of drug exposure (Check all that apply) 8

Any injection

Snorting

Ingestion/transdermal patch

Suppository

Unknown/not listed

Treated for pain at time of injury 9


- | | | | |
|---|------------------------|---|--|
| 1 | TypeOfPoisoning | 5 | Scene (None, DrugPar, Tracks, Illicit drugs, Burpenorphine, Prescription, Other) |
| 2 | PreviousOverdose | 6 | NaloxoneAdministered |
| 3 | TreatForSubstanceAbuse | 7 | BystandersPresent |

4 HistoryOpioid

8 Route of Exposure (Inject, Snort, Ingest, suppository, Unknown)

9 TreatedforPain

7.2 Type of Poisoning, Substance Abuse, Response to Drug Overdose, and Other Questions

 Prescription Information

Use of prescription morphine

1

Prescription Morphine Narrative 2

Number of opioid prescriptions in the 30 days preceding injury 3

Number of pharmacies dispensing opioids to decedent in 180 days preceding injury 4

Number of doctors writing opioid prescriptions to the decedent in the 180 days preceding injury 5

1 PrescriptionMorphine

2 MorphineNarrative

3 NumScripsPast30Days

4 NumPharmaciesPast30Days

5 NumDoctorsPrescribing30Days