

## Attachment E

### Retrieving and refiling records

### State Unintentional Drug Overdose Reporting System (SUDORS)

**Form Approved**

OMB No. 0920-1128

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 (0920-1128).

## 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.

Create New Incident Import Incidents Import History Search Incidents Reporting  
Export Incidents Dashboard

Form Approved

State Unintentional Drug Overdose Reporting System (SUDORS):  
OMB No. 0920-1128  
Exp. Date: 8/31/2018

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 (0920-1128).

**Drug Overdose/Poisoning**

Type of drug poisoning  1

Time last seen alive (Military Time format e.g. 0000-2359, 9999)  2

Date last seen alive  
Month Day Year  
   3 4 5

- 1 Type of poisoning
- 2 Last Seen Alive Time
- 3 Last Seen Alive Month
- 4 Last Seen Alive Day
- 5 Last Seen Alive Year

**Substance Abuse**

Previous drug overdose  2

Treatment for substance abuse  3

History of opioid/heroin abuse  4

Recent opioid use relapse  5

- 2 PreviousOverdose
- 3 TreatForSubstanceAbuse
- 4 HistoryOpioid
- 5 RecentOpioidUse

**Route of Drug Administration (Check all that apply)**

- No information on route of administration **2e**
- Evidence of injection (Check all that apply) **2a**
  - Track marks on victim **1c**
  - Tourniquet **6b**
  - Cookers **6d**
  - Other injection evidence - Specify: **6f**
- Needles/Syringe **6a**
- Filters **6c**
- Witness Report **6e**
- Evidence of Snorting/Sniffing **2b**
- Evidence of Smoking **7**
- Evidence of Transdermal **2c**
- Evidence of Ingestion **2c**
- Evidence of Suppository **2d**
- Evidence of Sublingual **8**

**Illicit or Prescription Drugs (Check all that apply)**

- Evidence of prescription drugs (Check all that apply) **9**
  - Prescribed to victim **9a**
  - Unknown who prescribed **9b**
  - Type of prescription drug found (Check all that apply)
    - Pills/Tablets **9c**
    - Patch **9d**
    - Prescription bottle **9e**
    - Liquid **9f**
    - Lozenges/lollipops **9g**
    - Vial **9h**
    - Witness report of prescription use **9i**
    - Other form - Specify: **9j**
  - Not prescribed to victim **1f**
- Evidence of Illicit drugs (Check all that apply) **1d**
  - Powder **10a**
  - Tar **10d**
  - Other illicit drug - Specify: **10f**
  - Witness report **10b**
  - Counterfeit pills **10c**
  - Crystal

- 1a None
- 1b Drug Par
- 1c Tracks
- 1d Illicit drugs
- 1e Buprenorphine
- 1f Prescription
- 1g Other

- 2a Inject
- 2b Snort
- 2c Ingest
- 2d Suppository
- 2e Unknown
- 3 Treated For Pain

- 4 Indications Drug Para
- 5 Has Rapid Overdose Evidence
- 5a Is Tourniquet around Arm
- 5b Needle Location
- 5c Rapid Overdose Witness Report
- 5d Rapid Overdose Other
- 6a Has Evidence of Injection Needle
- 6b Has Evidence Of Injection Tourniquet
- 6c Has Evidence Of Injection Filter
- 6d Has Evidence Of Injection Cooker
- 6e Has Evidence Of Injection Witness Report
- 6f Has Evidence Of Injection Other
- 7 Has Route Smoking
- 8 Has Route Sublingual
- 9 Has Evidence Of Prescription Drug
- 9a Is Prescribed To Victim
- 9b Is Unknown Who Prescribed
- 9c Is Prescription Pill
- 9d Is Prescription Patch
- 9e Is Prescription Bottle

- 9f Is Prescription Liquid
- 9g Is Prescription Lozenge
- 9h Is Prescription Vial
- 9i Has Evidence Of Injection Report RxUse
- 9j Is Prescription Other
- 10a Has Evidence Of Illicit Powder
- 10b Has Evidence Of Illicit Witness Report
- 10c Is Prescription Counterfeit
- 10d Has Evidence Of Illicit Tar
- 10e Has Evidence O fillicit Crystal
- 10f Indications Other

## Response to Drug Overdose

Bystanders present at time of overdose

 2

Drug Use Witnessed

 3

**Naloxone Administered (Check all that apply)**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Naloxone administered 1         | <input type="checkbox"/> Administered by law enforcement 9          | <input type="checkbox"/> Administered by bystander 13 |  |
| <input type="checkbox"/> Not administered 4              | <input type="checkbox"/> Administered by EMS/fire 10                | Who administered?                                     |  |
| <input type="checkbox"/> Unknown 5                       | <input type="checkbox"/> Administered by hospital (ED/inpatient) 11 | <input type="checkbox"/> Person using drugs 14        | <input type="checkbox"/> Friend 18       |
| <input type="checkbox"/> Administered, unknown by whom 6 | <input type="checkbox"/> Other (specify in narrative) 12            | <input type="checkbox"/> Intimate partner 15          | <input type="checkbox"/> Roommate 19     |
|  |   | <input type="checkbox"/> Stranger 16                  | <input type="checkbox"/> Other family 20 |
|  |   | <input type="checkbox"/> Other - Specify: 17          |  |

Total # of Naloxone dosages administered by first responders/health care

 7

Total # of Naloxone dosages administered by bystander:

 21

## Medical History

Treated for pain at time of injury

 8

1 Naloxone Administered

2 Bystanders Present

3 Witnessed Drug Use

4 Is Naloxone Not Admin

5 Is Naloxone Unknown

6 Is Naloxone Admin Unknown

7 Naloxone Total Responder

8 Treated for Pain

9 Is Naloxone Admin Law

10 Is Naloxone Admin Ems

11 Is Naloxone Admin Hospital

12 Is Naloxone Admin Other

13 Is Naloxone Admin Bystander

14 Is Naloxone Who Person

15 Is Naloxone Who Partner

16 Is Naloxone Who Stranger

17 Is Naloxone Who Other

18 Is Naloxone Who Friend

19 Is Naloxone Who Roommate

20 Is Naloxone Who Other Family

21 Naloxone Total Bystander

## Prescription Information

Use of prescription morphine

  1

Prescription Morphine Narrative 2

Prescribed Buprenorphine/Methadone 6

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 Prescription Morphine

2 Morphine Narrative

3 Num Scripts Past 30Days

4 Num Pharmacies Past 30Days

5 Num Doctors Prescribing 30Days

6 Indications Buprenorphine