

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

Next Page

History of Drug Use

OMB No. 0920-0008 expiration 07/31/2014

History of illicit drug use?

None Specified

If yes, specify (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> IVDU (unspecified) | <input type="checkbox"/> Marijuana |
| <input type="checkbox"/> Methamphetamines | <input type="checkbox"/> Inhalants | <input type="checkbox"/> Other/Unknown |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Prescription Drugs | <input type="checkbox"/> OTCs |

If other, specify:

History of opiate/opioid use?

Yes, current

- | | |
|---|--|
| <input type="checkbox"/> Prescription Opioid, Active Rx | <input type="checkbox"/> Prescription Opioid, Undetermined |
| <input type="checkbox"/> Prescription Opioid, No Rx | |

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:

Next Page

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:

Next Page

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

[Next Page](#)

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:

Next Page

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:

Next Page

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:

[Next Page](#)

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?

ng/mL

Was fentanyl confirmed in environmental samples?

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:

Next Page

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 | <input type="text"/> |

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