

Epi-Aid: New Mexico Prescription Drug Overdose Death and Sleep Study

Data Collection

Abstractors Initials

OMI Case Number

OMI-Data Sources (check all that apply):

Autopsy Report

Medical Records

Toxicology Report

Death Scene Investigation

Other

Abstraction Date

Report of Death

Est. Time of Injury

Place of Injury (Overdose)

Injury Place Type/Subtype

Est. Time of Death

Place of Death

Death Place Type/Subtype

Last seen alive

Est. Sleep or Wake

Other Details

First seen dead

Drug Paraphernalia on Scene

Observers at place of injury (check all that apply):

Family

Strangers

Medical personnel

Other

Friend(s)

None

Unknown

Specify

Pre-terminal events observed by (check all that apply):

Family

Strangers

Medical personnel

Other

Friend(s)

None

Unknown

Specify

Gasping/Choking

If yes, interval between gasping/choking and time of death:

Snoring

Other (specify)

Did observers have naloxone (or other reversal agent) available at place of injury?

Did observer/bystander attempt resuscitation?

Did observer/bystander attempt arousal of deceased by other methods?

Body position of deceased

Positional Asphyxia

Was EMS called to scene?

Was decedent alive on EMS arrival?

Did EMS attempt resuscitation?

Did EMS administer Naloxone or other reversal agents?

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Documented Sleep Disturbances

Within 1 Month of Death

Not Applicable

- Daytime Sleepiness
- Snoring
- Gasping/Choking
- Sleeping More
- Overdose event
- Aspiration Event
- Naloxone administration
- Sleeping Less

Narrative

Immediately Prior to Death

Not Applicable

- Daytime Sleepiness
- Snoring
- Gasping/Choking
- Sleeping More
- Overdose event
- Rattling Breathing
- Naloxone administration
- Sleeping Less

Narrative

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Autopsy Report

Weight units Height units BMI

Findings:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Cirrhosis | <input type="checkbox"/> Cardiomegaly | <input type="checkbox"/> Pulmonary Edema | |
| <input type="checkbox"/> LV Dilation | <input type="checkbox"/> LVH | <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Stigmata of IVDU |
| <input type="checkbox"/> RV Dilation | <input type="checkbox"/> RVH | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Stigmata of Ingestion |
| <input type="checkbox"/> Extremity clubbing | <input type="checkbox"/> Enlarged thyroid | <input type="checkbox"/> Pulmonary abscess | <input type="checkbox"/> Stigmata of Inhalation |

Additional findings:

Medical History

Past Medical History

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> OSA | <input type="checkbox"/> Resp Dz (other) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> CV Dz (other) |
| <input type="checkbox"/> HTN | <input type="checkbox"/> Cirrhosis |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Central Sleep Apnea |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Renal Dz |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Endocrine Dz (other) |
| <input type="checkbox"/> Rheum Dz | <input type="checkbox"/> Hypothyroidism |
| <input type="checkbox"/> CHF | <input type="checkbox"/> Chronic Pain |
| <input type="checkbox"/> Neuro Dz | <input type="checkbox"/> Cancer |

Past Surgical History

- | | |
|--|--|
| <input type="checkbox"/> Bariatric surgery | <input type="checkbox"/> Adenoidectomy |
| <input type="checkbox"/> Sinus surgery | <input type="checkbox"/> Tonsilectomy |
| <input type="checkbox"/> Cardiac Surgery | <input type="checkbox"/> Other Surgery |

History of mental illness (excluding substance abuse)?

-
- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Psychotic disorders | <input type="checkbox"/> Bipolar disorders | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Major Depression | <input type="checkbox"/> Suicidal Ideation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Anxiety disorders | <input type="checkbox"/> Suicidal Attempts | |

History of substance abuse or dependence?

-
- | | | |
|------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Prescription Drugs | |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Methamphetamines (non-prescription) | |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Hallucinogens, PCP | <input type="checkbox"/> OTC drugs |
| <input type="checkbox"/> Other | <input type="checkbox"/> Inhalants | <input type="checkbox"/> Alcohol |

Prior Overdose History

OD Events

History of tobacco Use

If yes, PPY:

Marital Status

Home Oxygen Use Liters

CPAP or BiPAP Use Settings

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Drugs Causing Death

- Opioid Sedative Antidepressant Heroin Cocaine Methamphetamines
- Ethanol Other Marijuana Synthetics Multi-Drug Intoxication

Chronic Opioid Rx

Chronic Benzo Rx

Naloxone Rx

Presence of Heroin Metabolites Codeine 6-MAM

Contributing Drug 1

Drug Name

Active Legal Rx

Date Last Filled

Number Rx'd Number Remaining

Contributing Drug 2

Drug Name

Active Legal Rx

Date Last Filled

Number Rx'd Number Remaining

Contributing Drug 3

Drug Name

Active Legal Rx

Date Last Filled

Number Rx'd Number Remaining

Contributing Factor 4

Drug Name

Active Legal Rx

Date Last Filled

Number Rx'd Number Remaining

New Report