

REPUBLIC OF KENYA



MINISTRY OF HEALTH

HEALTHCARE WORKER OVERDOSE ENCOUNTER REPORTING TOOL



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Name of County: _____ Name of Sub-County: _____ Ward: _____

Implementing Partner (CSO): _____ Facility/DIC Name: _____

Date (DD/MM/YYYY): _____/_____/_____ MFL Code: _____

General Information	
Client Name	
Sex	1=Male, 2=Female
Date of Birth (DD/MM/YYYY)	Age (Years)
KP Unique Identifier Code	
Contact phone number /Alternate.....
Incident type	1=New, 2=Recurrent
Name of the Incident site (Hotspot)	
Type of site	1=Street, 2= Injecting den, 3=Uninhabitable building, 4=Parks, 5=Homes, 6=Beach, 7=Casino, 8=Bar with Lodging, 9=Bar without Lodging, 10=Sex den, 11=Strip club, 12=Highways, 13=Brothel, 14=Guest House/Hotel and Lodging, 15=Massage Parlor, 16=Changáa den, 17=Barber shop/Salon, 18=Others (Specify)
Naloxone Provided	1=Yes, 2=No
Risk factors	<input type="checkbox"/> Age <input type="checkbox"/> Comorbidity <input type="checkbox"/> Abstinence from opioid use <input type="checkbox"/> Mixing <input type="checkbox"/> MAT induction/Re-induction <input type="checkbox"/> Others (Specify)
Outcome	1=Recovered 2=Referred (Specify where) _____ 3=Died
Remarks	

Attendee name: _____ Signature: _____ Date: _____