

State Unintentional Drug Overdose Response System (SUDORS) Drug Poisoning Supplement

Texas Overdose Data to Action (TODA), a statewide public health program, developed this supplemental form for medical examiners (MEs), justices of the peace (JPs), and death investigators to support data collection efforts and standardize death investigative reporting across Texas.

TODA is requesting voluntary information to achieve a comprehensive understanding of Texas drug poisoning incidents.

For more detailed information about TODA and how the data is used, please visit dshs.gov/injury-prevention/texas-overdose-data-action.

All Personally Identifiable Information (PII) associated with any individual, case, or health care provider will be strictly confidential. TODA will not include PII in reports. **All protocols comply with the Health Insurance Portability and Accountability Act (HIPAA) privacy rules and state medical privacy statutes.**

Texas Overdose Data to Action

Texas Department of State Health Services

[dshs.texas.gov/injury-prevention/
texas-overdose-data-action](https://dshs.texas.gov/injury-prevention/texas-overdose-data-action)



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Decedent Demographics*

**All provided information is voluntary. All PII will be strictly confidential.*

1. Name:

7. Address:

2. Sex (Check one):

Male

Female

Unknown

8. City, State, Zip Code:

9. County:

3. Age (years):

10. Military:

Yes

No

4. Height (ft. and in.):

5. Weight (lbs.):

11. Marital Status (Check one):

Married

Single

Divorced

Widowed

6. Race and Ethnicity (Check one):

Non-Hispanic White

Non-Hispanic Black

Hispanic

Asian

Native Hawaiian or Pacific Islander

American Indian or Alaska Native

Unspecified

12. Next of Kin (NOK) Name:

13. NOK Address:

Pathology

1. Examination Type:

2. Manner of Death:

3. Post-Mortem Toxicology:

4. Cause of Death:

5. Contributing Cause of Death:

Injury Information

ME Conducted Scene Response: Yes No

If no, please provide information to the best of your ability.

1. Date of Injury:

2. Time of Injury:

3. Place of Injury:

4. Description:

5. Drug Use Suspected	Yes	No
Reasoning:		

6. Alcohol Use Suspected	Yes	No
Reasoning:		

7. Drug Paraphernalia Suspected	Yes	No
Reasoning:		

8. Prescription Drug Misuse Suspected	Yes	No
Reasoning:		

Injury Information, continued

9. Circumstance of Injury:

Check all applicable:

During Police Intervention

EMS Response

While at Work

Place of Injury the Victim's Residence

Drug Present

Alcohol Present

Prescription Drug Present

If yes, check all applicable:

Loose Pills/Tablets

Lozenges/Lollipops

Patch

Prescription Fentanyl

Prescription Bottle

Liquid

Vial

Other:

Drug Paraphernalia Present

If yes, check all applicable:

Powder

Tar

Crystal

Illicit Drug Packaging

Liquid

Pills

Bystander* Present

If yes, check how many:

One bystander

More than one bystander

Unknown

*And if yes, check all applicable to the
bystander(s):*

Person using drugs

Intimate partner

Family member (not intimate partner)

Friend

Stranger

Roommate

Medical Professional

Other:

Suicide Note Present

10. Scene Death or Hospital Death:

Scene

Hospital

**A bystander is an individual who was physically nearby either during or shortly preceding a drug poisoning who potentially had an opportunity to intervene and respond to the poisoning. First responders or medical professionals are not considered bystanders.*

Death

1. Last Known Alive Date:
2. Last Known Alive Time:
3. Location When Last Known Alive:
4. Well-Being of Victim:
5. Date of Death:
6. Time of Death:
7. Place of Death:
8. Description:

9. Circumstances Leading to Death:

Scene Demise – Observations

JP/ME Scene Response: Yes No

If no, please skip section.

1. Bystander CPR: Yes No

2. Naloxone Administration: Yes No

If yes, administered by:

Bystander EMS Other

Naloxone/Narcan Dosage (Check one):

1 2 3 Unknown

Administration location:

Place of Death Place of Injury Hospital Other

4. Presence of Pulse with First Responders: Yes No

Hospital Demise – Hospital Information

Patient went to hospital prior to death: Yes No

If no, please skip section.

1. Life Saving Measures Applied: Yes No

2. Date of Arrival:

3. Time of Arrival:

4. Hospital Diagnoses:

5. Hospital Administered Drugs:

Antidepressants	Muscle Relaxants
Antipsychotics	Opiates
Benzodiazepines	Not Applicable
Anticonvulsants	Other

6. Cardiac Death: Yes No

7. Brain Death: Yes No

8. Toxicology Performed: Yes No

9. Toxicology Results:

Alcohol	Cocaine	Fentanyl
Acetaminophen	Carbon Monoxide	Heroin
Amphetamines	Marijuana	Salicylates
Antidepressants	Anticonvulsants	Barbiturates
Antipsychotics	Muscle Relaxants	Not Applicable
Benzodiazepines	Opiates	Other

Medical History

Check all applicable:

- | | |
|-----------------------------------|--|
| 1. Asthma | 8. Hepatitis C |
| 2. Back Pain | 9. HIV / AIDS |
| 3. Other Pain | 10. Migraine |
| 4. Major Injury | 11. Obesity |
| 5. COPD | 12. Sleep Apnea |
| 6. Other Breathing Problem | 13. Prescription Prescribed to Victim |
| 7. Heart Disease | <i>If yes, please list:</i> |

Social History

Check all applicable:

- | | |
|------------------------------------|---|
| 1. Tobacco Use | 8. Drug Poisoning |
| 2. Vape/E-Cigarette Use | 9. Drug Poisoning-Related Hospitalizations |
| 3. Alcohol Use | 10. Drug Abuse-Related Treatments |
| 4. Alcohol Misuse | 11. Type of Treatment for Abuse |
| 5. Prescription Drug Misuse | |
| 6. Drug Use | |

Drug Use Route

Injection

Suppository

Snorting/

Sniffing

Sublingual

Smoking/

Inhalation

Buccal

Ingestion

Transdermal

Inpatient/outpatient Rehabilitation

Cognitive/Behavioral Therapy

Medications for opioid use

Narcotics Anonymous

Other:

Social History, continued

Check all applicable:

12. Reason for Treatment Visit

Alcohol	Marijuana
Amphetamines	Anticonvulsants
Antidepressants	Muscle Relaxants
Antipsychotics	Opiates
Benzodiazepines	Not Applicable
Cocaine	Other:
Carbon Monoxide	

13. Number of Treatment Visits

1 2 3 Unknown

Psychological History

Check all applicable:

1. Depression
2. Anxiety
3. Bipolar Disorder
4. Schizophrenia
5. Post Traumatic Stress Disorder
6. ADD/ADHD
7. Self-Harm
8. Unintentional Drug Poisoning
9. Suicidal Ideations
10. Suicide Attempts
11. Suicide Attempt by Drug Poisoning

Psychological History, continued

Check all applicable:

12. Suicide Attempt by Drug Poisoning – Drug Type

Alcohol	Anticonvulsants
Amphetamines	Muscle relaxants
Antidepressants	Opiates
Antipsychotics	Heroin
Benzodiazepines	Fentanyl
Cocaine	Not Applicable
Carbon monoxide	Other:
Marijuana	

Prescription Information

1. Morphine

4. Methadone

2. Buprenorphine

5. Naloxone

3. Fentanyl

Narrative