

BE THOROUGH. BE CONSISTENT.

DETECTING A DRUG OVERDOSE

COLLECT ALL THREE SPECIMENS:

- Blood (at least 10 mL; see image at right)
- Urine
- Vitreous

BODY CHECK

1. HEAD

- Presence of foam cone in nose or mouth
- Condition of teeth
- Presence of patches or baggies in oral cavity
- Perforated nasal septum

2. LIMBS

Check for evidence of needle tracks, including fine needle punctures or bruising along vasculature:

- Between fingers and under nails
- Between toes and under nails
- Within the lines of tattoos
- Along wrists, ankles, and back of both hands

Is there evidence of burned fingertips or lips?

(Suggests smoking of drugs, including crack)

3. BODY AND CAVITIES

Check for foreign objects, including vials or baggies:

- Mouth
- Rectum
- Vaginal vault

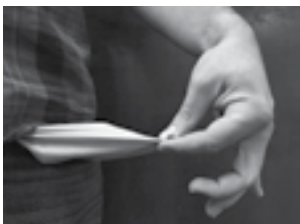
Check for transdermal patches (e.g., fentanyl patch)

CLOTHING

Check in:

- Underwear
- Socks
- Bras
- Pockets:
Pull out inner lining from corner

to avoid sharps. (see image)



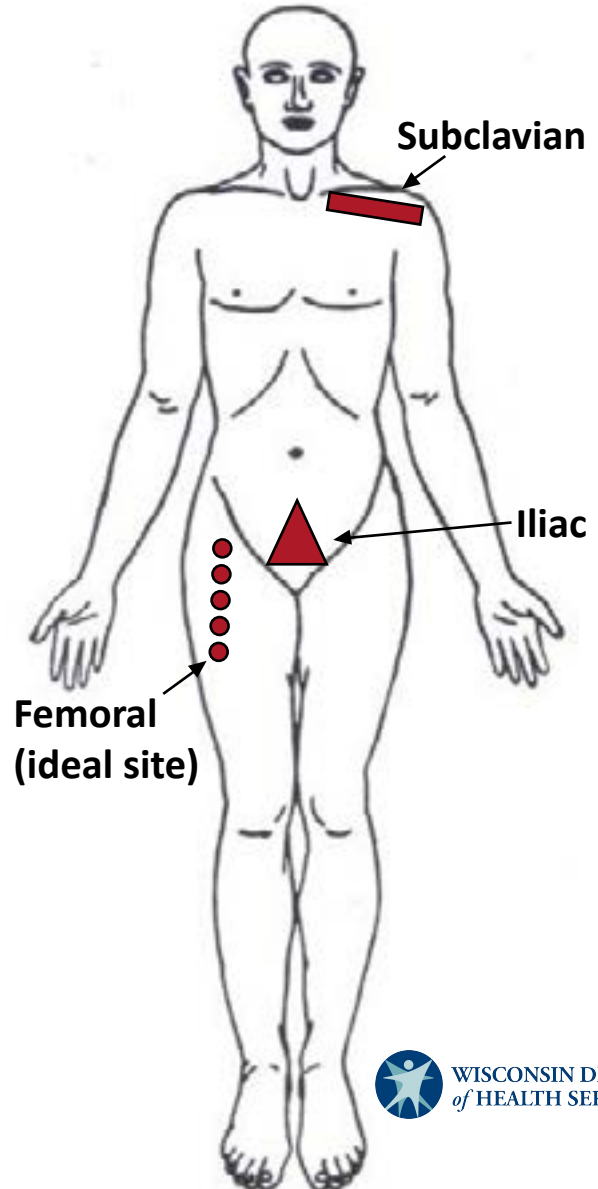
SURROUNDINGS

- **Take pictures!**
- Check drawers, cupboards, and medicine cabinets.
- Check waste baskets and garbage bins outside.
- Paraphernalia: Most common are needles, tourniquets, and powder. Other items include “bath salts,” jewelry baggies, scales, cut straws, rolled up money, and broken pens.
- Pill Counts: Narcotics, benzodiazepines, (“x-pam”), sleep aids, antihistamines, antidepressants, etc.



BLOOD COLLECTION SITES:

Remember: Peripheral is preferable!



DEATH INVESTIGATION GUIDE

MANNER OF DEATH:

NATURAL

SUICIDE
(INTENTIONAL)

HOMICIDE
(INTENTIONAL)

ACCIDENTAL
(UNINTENTIONAL)

UNDETERMINED

MENTAL HEALTH:

- Current or past mental health diagnosis—What is the specific diagnosis?
- Current or past treatment for mental health

SUICIDE MARKERS:

- History of suicidal ideations or attempts
- Past or present disclosure of self harm
- Physical evidence of self-mutilation or harm (“cutting”)
- Local crisis center contact
- Primary care provider (PCP) or psychiatrist diagnosis of depression
- Letter, note, text or email of intent

MEDICAL HISTORY:

- Full medical history confirmed with PCP—Be specific about underlying diseases.
- Pain medication on scene
- Known prescriptions written by PCP
- Took medications, as prescribed

LIFE STRESSORS:

- Relationship problem(s) —e.g., intimate partner, family member, or other
- Legal problems
- Physical health problems
- Job, financial problems
- School problems
- Eviction or loss of home
- Suicide, overdose, or death of friend or family
- Recent argument or physical fight
- Did any of the above happen within two weeks of death?
- Bullying or harassment (recent or past)

CHILDHOOD

TRAUMAS:

- Physical abuse or neglect
- Emotional and/or verbal abuse or neglect
- Sexual abuse
- Physical needs neglected
- Parent experienced domestic abuse
- Parental separation or divorce
- Incarcerated household member
- Substance misuse within home
- Household member mentally ill

OVERDOSE:

Indications of Drug Use

- Evidence of prescription drugs (prescribed to whom?)
 - Type (pills, patch, etc.)
 - Name (oxycontin, etc.)
- Evidence of injection —Track marks, needles, cookers, etc.**
- Evidence of other route of administration— Snorting, smoking, transdermal, ingestion, suppository, sublingual**
- Evidence of illicit drugs— Powder, counterfeit pills, tar, crystal, etc.**
- Evidence of morphine prescription

**** Be Specific.**

Response to Drug Overdose

- Any bystanders (Physically nearby with possible opportunity to intervene?)
- Naloxone administered? (By whom? How many doses?)

SUBSTANCE USE:

- Current or history of substance use disorder— Be specific about type, e.g., alcohol, opioids (prescription or illicit)
- Last known use of substance—Weeks or months?
- Last known overdose— Within last month? Year? More than one year?
- Recent relapse—Within last two weeks? Three months? Longer?
- Living with person with substance use disorder who is actively using

Period of Sobriety: Recently released from (within last month):

- Incarceration (jail or prison)
- Residential treatment or recovery program
- A medical care facility— e.g., hospital, nursing home

Be sure to check the Prescription Drug Monitoring Program (PDMP) for prescribed controlled substances:
pdmp.wi.gov

DEMOGRAPHICS:

- Age, height, weight
- Marital or relationship status, sex of partner, sexual orientation
- Veteran status
- Sex, gender identity
- Race, ethnicity
- Current occupation
- Pregnancy status

FIREARM DEATHS:

- Firearm type (e.g., semi-automatic pistol, bolt action rifle) and caliber/gauge
- Firearm make, model and serial number
- Firearm owner
- Was firearm stored loaded? Locked?