

Naloxone PGD Supply/Re-Supply Record

Date:		Training Venue:	
Patient's Name:			
Patient's D.O.B:		Patient's Gender:	
Patient's Address: (Including postcode)			
GP's Name and Address: (if applicable)			
Patient at risk of overdose:		Patient's addiction team: (if applicable)	
***Staff name:			
Service Address:			
Advice Provided (as per PGD):	CPR <input type="checkbox"/>	Call 999 <input type="checkbox"/>	Dosing and frequency <input type="checkbox"/>
First Supply..... Re-supply.....	Reason for re-supply? Source of previous supply?		
Patient/Service Staff Signature:			

Naloxone Hydrochloride Injection 2mg/2ml Pre-filled Syringe

Date	Batch Number	Expiry Date	PGD Practitioner Name (PRINT)	Nurse or Pharmacist (N or P)	PGD Practitioner Signature

I consent to the sharing of the above information with the Information Services Division (ISD) of NHS National Services Scotland. The data will be used for evaluation in accordance with the Data Protection Act 1998. I consent to the sharing of the above information with my GP.

Patient Signature.....

*** "Staff working for services in contact with people at risk of opiate overdoses" Lord Advocate Guidance March 2011.