For Office Use

ADP:

**Naloxone Supply/Re-Supply Record** Sector:

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Supply Location: |  |
|  |  |  |  |
|  Person’s Name: |  |
|  Person’s Age: |  | Person’s Gender: |  |
|  Person’s Post code: |  |
| Recipient Category: |  🞎 Member of Public 🞎 Person at risk 🞎 Family/Friend 🞎 Staff/Service supply |
|  |  |
|  Supplier name: |  |
|  Peer Supply: |  🞎 Yes 🞎 No |
|  Supplier Address: |  |
|  |  |
|  First Supply………. Spare Supply…… Re-supply……….. |     |
| Reason for re-supply: |  |
|  Supplier Signature: |  |

**Details of product supplied**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Product Supplied | BatchNumber | ExpiryDate | Name of Person Supplying(PRINT) |
|  |  🞎 Nyxoid Spray 🞎 Prenoxad |  |  |  |

I consent to the sharing of the above information with Public Health Scotland a division of National Services Scotland The data will be used for evaluation in accordance with the Data Protection Act

2018. I consent to the sharing of the above information with my GP.

Patient Signature……………………………………………………………………………………………………

**One to One Naloxone Training Checklist**

|  |  |
| --- | --- |
| The person must demonstrate an understanding of the following: | Trainer Initials |
| **The most common drugs identified in a drug-related death** (heroin, methadone, benzodiazepines & alcohol – all CNS depressant drugs) **and the physical** **effects these drugs have** (slow, shallow, irregular breathing, slow heart rate, feeling less alert, unconsciousness, poor memory, not feeling pain, lower body temp) |  |
| **The main causes of drug overdose** (low tolerance, polydrug use, using too much, using alone, injecting drug use, purity levels) |  |
| **High risk times** (release from prison, leaving rehab or hospital, recent detox, recent relapse, poor physical or mental health, recent life events, cash windfall, longer-term user, festive periods, weekends or holidays) |  |
| **The signs & symptoms of suspected opiate overdose** (pinpoint pupils, breathing problems, skin/lip colour, no response to noise or touch, loss of consciousness) |  |
| **The common myths** (don’t inflict pain, give other drugs e.g. stimulants, put in bath/shower, walk person around, leave person on own) |  |
| **Knows when to call 999** (when person won’t wake with shout/shake, status of person and location) |  |
| **Knows about the recovery position** (person on side, airway open) |  |
| **Knows about rescue breathing and CPR** (30 compressions, 2 breaths – one cycle of BLS) |  |
| **Knows when and how to administer naloxone** (unconscious but breathing – admin when in recovery position then every 2-3mins, unconscious but NOT breathing – admin after one cycle of BLS then after every three cycles of BLS. Prenoxad Dose – 0.4mls into outer thigh muscle via clothing. Assembly of syringe)Nyxoid Dose – One spray into the nostril, second spray should be administered in the alternate nostril |  |
| **Knows that naloxone is short acting** (the effects of naloxone wear off after 20-30 mins, possible that overdose may return) |  |
| **Knows the importance of staying with the person** (do not let the person use any other drugs if they gain consciousness) |  |