

Appendix 5



Supply of Naloxone - Pharmacy to Service User Checklist

New Supply		Re-Supply	
Name		DOB	
Address			
Telephone No.		Email	
			Tick Relevant
Received 1-2-1 guidance/instruction from member of pharmacy staff.			
Signs and symptoms of suspected opioid overdose have been discussed			
Given printed guidance			
Aware of importance of calling an ambulance			
Aware of importance of staying with the person until arrival of ambulance			
Product given (remind about expiry date)			
Noted on PharmOutcomes (including expiry date)			

- I have been given information of the dangers of opioid overdose, basic resuscitation, and the appropriate administration of naloxone.
- I am aware that the needle supplied is strictly for naloxone use only.
- I understand that naloxone is a treatment specific drug that reverses the effect of opiate/ opioid overdose and needs to be used solely for the purpose of saving lives.
- I agree that my information will be stored by the pharmacy for 6+1 years for audit purposes and in accordance with the Data Protection Act 2018. I acknowledge that anonymised data will be shared with the Public Health Team at Gateshead Council for payment and service evaluation.

Service user's name			
Signature			
Date			
Staff name			
Signature			
Date			
Drug: Naloxone HCL 2ml prefilled syringe	Issued by:	Date/Time	Batch No and Expiry