

One to One Naloxone Training Checklist

Trainee Details

Name	DOB	Address (inc. postcode)	GP Name & Address

The person must demonstrate an understanding of the following:

Trainer
Initials

The most common drugs identified in a drug-related death heroin, methadone, benzodiazepines, gabapentinoids & alcohol – all Central Nervous System 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. Cocaine also commonly implicated, although not a CNS, will increase toxicity	
The main causes of drug overdose using alone, low tolerance, polydrug use, using too much, injecting drug use, purity levels	
High risk times recently leaving prison, rehab or hospital, recent detox, recent relapse, recent near fatal overdose, poor physical or mental health, recent life events, extra cash, long-term user, festive periods, weekends, or holidays	
The signs & symptoms of suspected opiate overdose no response to noise or touch, loss of consciousness, pinpoint pupils, breathing problems, skin/lip colour pale/purple	
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, tell call handler status of person and location	
Knows about the recovery position person on side, airway open	
Knows about rescue breathing and CPR put the patient on their back, 30 compressions, 2 breaths – one cycle of Basic Life Support	
Knows when and how to administer naloxone <u>unconscious but breathing:</u> <ul style="list-style-type: none"> Injectable Dose – 0.4mls into outer thigh muscle via clothing. administer 1 dose when in recovery position then every 2-3mins Nasal Dose – One spray into the nostril, second spray should be administered after 2-3 mins in the alternate nostril <u>unconscious but NOT breathing:</u> <ul style="list-style-type: none"> Injectable Dose – 0.4mls into outer thigh muscle via clothing administer 1 dose after one cycle of Basic Life Support then after every three cycles of Basic Life Support. Nasal Dose – One spray into the nostril, second spray should be administered after 2-3 mins 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, update 999 with any change	

The above trainee has demonstrated an understanding and awareness of opiate overdose, the use of naloxone, calling 999, the recovery position and basic life support and is eligible to receive a supply of take-home naloxone.

Trainer Name.....

Service Name & Address.....

Trainer Signature..... Date.....