

NEO Training

1. Log into the NEO 360 System (<https://scotland.neo360.systems/Secure/Login.aspx>) with your site login details.
2. Ensure you have the naloxone module enabled on your account.



3. Follow the instructions in the yellow help box to find or create your patient & begin the transaction. Select whether the person you are making the supply to is either: person at risk/friend or family member/other member of the public/service worker.

NALOXONE

4. The next screen is “client details”.
 - a. **For existing clients:** ensure the details are correct and confirm with the client.
 - b. **For new clients:** complete all the details. For data sharing consent, the “named services” are Public Health Scotland (Please note that only starred fields need to be completed as a minimum – but encourage all details to be taken).
5. The next screen is “risk details” and only applies to a client if they are a “person at risk”. While this information is not a requirement to progress it is recommended that as much information is included as possible.
6. The next screen is “training details”. Enter the date the training is delivered and select who has provided the training from the drop down (i.e. pharmacy staff). Discuss each training element with the client and tick each box once they understand.
7. The next screen is “consent details”. Review the “consent options” with the client and tick each box as applicable.

If the patient is happy to receive a supply of naloxone then the “I decline the supply of naloxone” box can be left blank.

For “consent details” the “person giving consent” is the client and the “witnessed by” is the person delivering the training.

There is a section available to include any appropriate notes.

8. The final screen is the “supply details”. If the client has declined the supply of naloxone then insert the “decline reason” in the space provided.

If the client is happy to proceed then select “continue”.

a. Select “initial supply” for the first provision of naloxone to the client.

b. Select “resupply” if this is an additional to provision to the client.

Enter the “date of supply” and type in the pharmacy details into the “supplied by” field.

In the “kits supplied” section, select the naloxone kit that has been supplied to the client (either Prenoxad injection or Nyxoid nasal spray) and enter the batch number and expiry date. Select the appropriate option in the “kit provided” dropdown (person at risk/friend or family member/other member of the public/service worker).

For resupply only: select the “reason for resupply” from the options available. If applicable, select who the previous supply was administered to and select the appropriate conclusion options from the dropdowns.

SCREEN 1

 Client Details	 Risk Details	 Training Details	 Consent Details	 Supply Details
PERSON DETAILS				
★ First Name:	<input type="text"/>			
★ Last Name:	<input type="text"/>			
★ Date of Birth:	<input type="text"/>			
★ Age:	<input type="text"/>			
ADDRESS DETAILS				
Address:	<input type="text"/>			
	<input type="text"/>			
Town / City:	<input type="text"/>			
County:	<input type="text"/>			
Postcode:	<input type="text"/>			
CONTACT DETAILS				
Telephone:	<input type="text"/>			
Mobile:	<input type="text"/>			
GENERAL PRACTITIONER DETAILS				
General Practitioner:	<input type="text"/>			
PRISON DETAILS - TO BE COMPLETED BY PRISON SERVICES ONLY				
Prison Release Date	<input type="text"/>		(DD/MM/YYYY)	
DATA SHARING CONSENT				
<input type="checkbox"/> Please indicate whether consent to share their personal data, with named services, has been given.				
OPTIONS				
 Save	 Cancel			

SCREEN 2

» NAVIGATION

 Client Details  Risk Details  Training Details  Consent Details  Supply Details

» RISK DETAILS

Opiate Use:

Overdose:

Risk Behaviour:

» OPTIONS

 Save  Cancel

OPIATE USE:

1. HEROIN USER (INJECTING)
2. HEROIN USER (SMOKED)
3. ORT
4. OTC OPIATE USE
5. OTHER PRESCRIPTION OPIATE USE

OVERDOSE:

1. HAS NEVER OVERDOSED
2. HAS OVERDOSED IN THE PAST MONTH
3. HAS OVERDOSED IN THE PAST WEEK
4. HAS OVERDOSED IN THE PAST YEAR

RISK BEHAVIOUR:

1. INJECTING OPIATE USE
2. NEW ORT STARTER
3. NOT ON ORT
4. POLYDRUG USE
5. REDUCED TOLERANCE (POST DETOX/HOSPITAL/PRISON)

SCREEN 3

» NAVIGATION

 Client Details  Risk Details  Training Details  Consent Details  Supply Details

» TRAINING DETAILS

★ Given / Offered On  (DD/MM/YYYY)
★ Given By: 

» TRAINING ELEMENTS

- Can describe signs and symptoms of a suspected opiate overdose
- Can describe what to do if you find someone having a suspected opiate overdose
- Discussed and understands need for safe storage
- Identification of the main causes of drug overdose
- Understands how to use Prenoxad or Nyxoid (nasal spray)
- Understands that naloxone is short acting and only works to reverse the effects of opioids
- Understands the importance of staying with the person until help arrives

» OPTIONS

 Save  Cancel

SCREEN 4

» NAVIGATION

 Client Details  Risk Details  Training Details  Consent Details  Supply Details

» CONSENT OPTIONS

- Consent to share anonymous data with Public Health Scotland (Initials/DOB/Partial postcode)
- Consent to share info with GP
- Consent to store contact details in event of product recall

» CONSENT FOR NALOXONE

- I decline the supply of naloxone

» CONSENT DETAILS

★ Person Giving Consent:  (DD/MM/YYYY)
★ Witnessed By:  (DD/MM/YYYY)

» NOTE

USED 0 OF 5000 CHARACTERS

» OPTIONS

 Save  Cancel

SCREEN 5

» NAVIGATION

 Client Details  Risk Details  Training Details  Consent Details  Supply Details

» TRAINING DETAILS

★ Given / Offered On:
★ Given By: Pharmacy Staff (Pharmacy)

» TRAINING ELEMENTS

» DECLINE REASON

★ USED 0 OF 5000 CHARACTERS

» OPTIONS

 Continue  Decline  Cancel

SCREEN 6

» NAVIGATION

Client Details Risk Details Training Details Consent Details Supply Details

» PLEASE CHOOSE

PLEASE INDICATE WHICH TYPE OF TRANSACTION YOU WISH TO MAKE?

Initial Supply Resupply

SCREEN 7 – INITIAL SUPPLY

» NAVIGATION

Client Details Risk Details Training Details Consent Details Supply Details

» SUPPLY DETAILS

★ Date of Supply (DD/MM/YYYY)

★ Supplied By:

» KITS SUPPLIED

Qty	Naloxone Kit	Batch Number	Expiry Date	Kit Provided	Spare
1	<input type="text" value="- Please Select -"/>	<input type="text"/>	<input type="text"/> <small>(DD/MM/YYYY)</small>	<input type="text" value="- Please Select -"/>	<input type="checkbox"/>
2	<input type="text" value="- Please Select -"/>	<input type="text"/>	<input type="text"/> <small>(DD/MM/YYYY)</small>	<input type="text" value="- Please Select -"/>	<input type="checkbox"/>
3	<input type="text" value="- Please Select -"/>	<input type="text"/>	<input type="text"/> <small>(DD/MM/YYYY)</small>	<input type="text" value="- Please Select -"/>	<input type="checkbox"/>
4	<input type="text" value="- Please Select -"/>	<input type="text"/>	<input type="text"/> <small>(DD/MM/YYYY)</small>	<input type="text" value="- Please Select -"/>	<input type="checkbox"/>

» NOTE

USED 0 OF 5000 CHARACTERS

» OPTIONS

Save Cancel

SUPPLIED BY: Just type in the first few letters of the pharmacy name or address to bring the list up.

NALOXONE KIT: Select either Prenoxad or Nyxoid and insert the batch number and expiry date.

SCREEN 7 – RESUPPLY

» NAVIGATION

[Client Details](#) [Risk Details](#) [Training Details](#) [Consent Details](#) [Resupply Details](#)

» RESUPPLY DETAILS

★ Date of Resupply: (DD/MM/YYYY)

★ Supplied By:

» KITS SUPPLIED

Qty	Naloxone Kit	Batch Number	Expiry Date	Kit Provided	Spare
1	- Please Select -	<input type="text"/>	<input type="text"/>	- Please Select -	<input type="checkbox"/>
2	- Please Select -	<input type="text"/>	<input type="text"/>	- Please Select -	<input type="checkbox"/>
3	- Please Select -	<input type="text"/>	<input type="text"/>	- Please Select -	<input type="checkbox"/>
4	- Please Select -	<input type="text"/>	<input type="text"/>	- Please Select -	<input type="checkbox"/>

» REASON FOR RESUPPLY

Confiscated
 Damaged Kit
 Expired
 Lost Kit
 Not known
 Spare
 Used on Other
 Used on Self

» WHO WAS SUPPLY ADMINISTERED TO

Administered To: No One Self Other

» CONCLUSION

Follow on Care:

Outcome:

» NOTE

USED 0 OF 5000 CHARACTERS

» OPTIONS

SUPPLIED BY: Just type in the first few letters of the pharmacy name or address to bring the list up.

NALOXONE KIT: Select either Prenoxad or Nyxoid and insert the batch number and expiry date.

CONCLUSION:

- **FOLLOW ON CARE**
 1. ADMITTED TO HOSPITAL
 2. AMBULANCE ATTENDED
 3. NONE
 4. UNKNOWN
- **OUTCOME**
 1. NOT APPLICABLE
 2. PERSON SURVIVED
 3. PERSON DID NOT SURVIVE