

## NEO Take Home Naloxone step-by-step guide

- Log into the NEO 360 system, found at <https://scotland.neo360.systems/Secure/Login.aspx>, using the account details for your pharmacy. If these are not known, please contact: [fife.fifepharmacycommpharm@nhs.scot](mailto:fife.fifepharmacycommpharm@nhs.scot)

- Ensure you have the 'naloxone' module enabled on your account. This is where THN transactions can be recorded.



- Follow the instructions in the yellow help box to find/create your client and begin recording the transaction. Site will be pre-populated. Select whether the client is a **person at risk, friend/family, member of the public** or **service worker**. To create/find the client you will need to select their gender (*male/female/trans*) and then enter their client ID code. The client ID code is the 1<sup>st</sup> letter of their forename, surname and then the 4<sup>th</sup> letter of their surname, followed by their full date of birth. If there is no 4<sup>th</sup> initial in the surname then replace this with a \*.

e.g. John Smith 01/01/2001 would be JST01/01/2001

The screenshot shows the 'NALOXONE' search interface. At the top, the word 'NALOXONE' is displayed in orange. Below it is a 'SEARCH' section with a grey header. The form contains two main sections: '1. Site:' with a dropdown menu showing 'Addiction Services LBH (F0040)', and '2. Client Reference Code:' with a dropdown menu showing 'Person at Risk', a 'Gender' dropdown, and an empty text input field. To the right of the text input are 'Find' and 'New' buttons. On the far right, there is a yellow 'Help' box with the following instructions: '1. Select a site where the transaction was done at. 2. Select a gender then enter in the client id code Which is the 1st initial of their first name, 1st initial of their surname, 4th initial of their surname. If no 4th initial of surname a \* can be used followed by date of birth (dd/mm/yyyy), then click on find or new'.

## Screen 1 – Client details

The first screenshot will show the information that should be recorded for your client. A yellow star denotes a field where information must be recorded. For returning clients, this information will already be pre-populated so you will need to ensure all the details are correct.

- Enter the first and last name of the client. Date of birth and age will be pre-populated.
- For postcode, type in the first part of the postcode and then select the correct area from a dropdown list.
- **Data sharing consent** only applies to a **person at risk**. Selecting the tick box will allow anonymous data to be shared with Public Health Scotland. This information is used for national reporting. Information that is shared includes:

Initials (from client ID code);  
Gender;  
Date of birth;  
Partial postcode.

PERSON DETAILS	
★ First Name:	<input type="text" value="John"/>
★ Last Name:	<input type="text" value="Smith"/>
★ Date of Birth:	01/01/2001
★ Age:	24 years old

  

ADDRESS DETAILS	
★ Postcode:	<input type="text" value="KY1 1"/> 

  

CONTACT DETAILS	
Telephone:	<input type="text"/>
Mobile:	<input type="text"/>

  

DATA SHARING CONSENT	
<input type="checkbox"/> Please indicate whether consent to share their personal data, with named services, has been given.	

## Screen 2 – Training details

The next screenshot will show the information that needs to be recorded to document the training that is provided to clients. A yellow star denotes a field where information must be recorded.

- The date training is given/offered will be pre-populated.
- From the dropdown list, select **Pharmacy Staff** for training given by.
- A prerequisite of giving naloxone without a prescription is that training should be provided to the client.

**For new clients:** All training elements should be covered and selected.

**For returning clients:** Check competency of understanding by covering at least **two** training elements. If level of competency is satisfactory then select the training elements and proceed with the transaction. If level of competency is unsatisfactory then all training elements should be covered and selected before proceeding.

### TRAINING DETAILS

★ Given / Offered On   (DD/MM/YYYY)

★ Given By:  ▼

### TRAINING ELEMENTS

- Identification of the main causes of drug overdose
- Can describe signs and symptoms of a suspected opiate overdose
- Can describe what to do if you find someone having a suspected opiate overdose
- Understands how to use Prenoxad (IM), Nyxoid or Pebble (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
- Discussed and understands need for safe storage

## Screen 3 – Consent details

The third screenshot shows some consent options available for clients and also allows the supply of naloxone to be declined, regardless of whether they have received training or not. A yellow star denotes a field where information must be recorded.

- **Consent options:** Selecting this option gives consent for details to be stored and used, if they were provided, in the event of a product recall.
- **Decline consent:** Selecting this option indicates that a client has declined a naloxone supply, regardless of whether they have received overdose awareness training or not.
- **Consent details:** The 'person giving consent' is the client and this will be pre-populated. 'Witnessed by' will be the staff member who completed the transaction. The date of provision should be entered next to both names.

The screenshot shows three sections of the interface:

- CONSENT OPTIONS:** A checkbox labeled "Consent to store contact details in event of product recall".
- DECLINE CONSENT:** A checkbox labeled "I decline the supply of naloxone".
- CONSENT DETAILS:** A table with two rows:

★ Person Giving Consent:	John Smith	19/05/2025	(DD/MM/YYYY)
★ Witnessed By:	Your name	19/05/2025	(DD/MM/YYYY)

- Once **training details** and **consent details** have been completed the next screen will allow this information to be checked and confirmed. Select 'continue' if the details are correct.

Please note, you will be prompted to open or save a consent form. This can be disregarded.

- **For clients who decline naloxone:** enter a reason for the supply of naloxone being declined (minimum of 10 characters) and then select 'decline'.

The screenshot shows two sections of the interface:

- DECLINE REASON:** A large text input field for entering a reason for declining the supply.
- OPTIONS:** Three buttons: "Continue" (blue play icon), "Decline" (red X icon), and "Cancel" (red minus icon).

## Screen 4 – Supply details

The final screenshot allows clients to select which naloxone kit(s) they wish to receive after being given overdose awareness training. A yellow star denotes a field where information must be recorded.

- **Initial supply** is when a client has never received overdose awareness training or a naloxone kit from any service. An initial supply can only be selected once per client ID.
- **Resupply** is when a client has previously received overdose awareness training and a naloxone kit from any service.

» PLEASE CHOOSE

PLEASE INDICATE WHICH TYPE OF TRANSACTION YOU WISH TO MAKE?

Initial Supply
 Resupply

- The 'date of resupply' will be pre-populated.
- For 'supplied by', enter the postcode for the pharmacy and select the correct option from the dropdown list.
- Clients are able to be provided with up to two naloxone kits. The options available for selection are:

» RESUPPLY DETAILS

★ Date of Resupply  (DD/MM/YYYY)

★ Supplied By:

**Nyxoid – intranasal 1.8mg;**  
**Pebble – intranasal 1.26mg;**  
**Prenoxad – intramuscular 1mg/ml**

- Enter the batch number for the naloxone kit (appears as LOT number).
- Enter the expiry date for the naloxone kit (the expiry date is the final day of that month).

» KITS SUPPLIED

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

## Screen 4 – Supply details - continued

The following screenshot only applies to a **resupply**. A reason for resupply must be given to complete the transaction. If the additional information is known then it is encouraged that it is recorded. However, it is not a requirement to complete the transaction.

- Select the reason for why the client is being resupplied with naloxone.
- If the client has administered naloxone to themselves or to someone else then select the appropriate option.
- For **Follow on Care**, select the appropriate option from:

Admitted to hospital;  
Ambulance attended;  
Attended hospital;  
Non-fatal overdose worker referral;  
None;  
Unknown

- For **Outcome**, select the appropriate option:

Patient did not survive;  
Patient survived

❖ 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: