

NEO Reporting Form – Injecting Equipment

Month:		Base:					
Patient	EXAMPLE	1	2	3	4	5	6
Gender	<i>M</i>						
Client ID: Name - John SmiTh DOB - 14/12/1985	<i>JST14/12/1985</i>						
*1st initial of first name, 1st initial of surname and 4th initial of surname. If no 4th initial of surname a * can be used followed by date of birth (dd/mm/yyyy)							
Postal District	<i>KY1</i>						
Additional Information							
Substance(s) used	<i>Heroin</i>						
Route of administration	<i>IV</i>						
Frequency	<i>Daily</i>						
Paraphernalia sharing	<i>Occasionally</i>						
Needle sharing	<i>Never</i>						
Needle reuse	<i>Frequently</i>						
Collecting on behalf of	<i>Self & others</i>						
One Hit Kits							
Orion 1ml OHK	<i>10</i>						
Orion 2ml Blue OHK	<i>5</i>						
Orion 2ml Orange OHK	<i>5</i>						
Packs							
Orion IPED Pack 1	<i>1</i>						
Orion IPED Pack 2	<i>1</i>						
Paraphernalia							
Sterile Water	<i>20</i>						
Sharps Bins							
0.45L Bins Dispense / Return	<i>1</i>						
1L Bins Dispense / Return	<i>0</i>						
Harm Reduction Interventions							
Naloxone offered and refused	<i>✓</i>						
Overdose related advice	<i>✓</i>						
Wound Care							
Injection sites checked & dressings supplied	<i>✓</i>						
Injection sites checked & no action taken	<i>✓</i>						
Injection sites checked & PGD321 used/antibiotics supplied	<i>✓</i>						
Onward referral made to alternative provider	<i>✓</i>						

NEO Reporting Form – Naloxone

Month:		Base:					
Patient	EXAMPLE	1	2	3	4	5	6
Person Type	Person at risk						
Gender	M						
Client ID: Name - John Smith DOB - 01/01/2001	JST01/01/2001						
*1st initial of first name, 1st initial of surname and 4th initial of surname. If no 4th initial of surname a * can be used followed by date of birth (dd/mm/yyyy)							
Postcode	KY1 1						
Training Details							
Given on	18/07/2024						
Given by	Pharmacy staff						
Identification of the main causes of drug overdose	✓						
Can describe signs and symptoms of suspected opiate overdose	✓						
Can describe what to do if you find someone having a suspected opiate overdose	✓						
Understand 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 a person until help arrives	✓						
Discussed and understand need for safe storage	✓						
Consent Details							
Naloxone offered and refused	✓						
Person giving consent	Patient						
Witnessed by	Pharmacy staff						
Supply Details							
Transaction Type	Re-supply						
Date of supply	15/05/2025						
Supplied By	Enter postcode for pharmacy						
Prenoxad - IM Injection	-						
Nyxoid - Intranasal	-						
Pebble - Intranasal	1						
Batch Number	2410016						
Expiry	31/08/2027						