

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 - 14/12/1985	JST14/12/1985						
*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	KY8 5JQ						
Training Details							
Given on	18/07/2024						
Given by	Addiction Services						
Can describe signs and symptoms of 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	✓						
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	✓						
Consent Details							
Naloxone offered and refused	✓						
Person giving consent	Patient						
Witnessed by	Pharmacy Staff						
Supply Details							
Transaction Type	Re-supply						
Date of supply	18/07/2024						
Supplied By	Enter postcode for pharmacy						
Kit Provided to	Person at risk						
Prenoxad - IM Injection	1						
Nyxoid - Intranasal	1						
Pebble - Intranasal	0						
Batch Number	123456						
Expiry	18/07/2025						

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