

**NEO Reporting Form – Naloxone**

<b>Month:</b>				<b>Base:</b>			
<b>Patient</b>	<b>EXAMPLE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Person Type	Person at risk						
Gender	M						
Client ID: Name - John Smith DOB - 01/01/2001	JST01/01/2001						
<b>*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)</b>							
Postcode	KY1 1						
<b>Training Details</b>							
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	✓						
<b>Consent Details</b>							
Naloxone offered and refused	✓						
Person giving consent	Patient						
Witnessed by	Pharmacy staff						
<b>Supply Details</b>							
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						