

NEO Reporting Form – Naloxone

Patient	EXAMPLE	1	2	3
Person Type	Person at risk Friend or family Member of public Service worker			
Gender	M/F/Trans/Other			
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 by	Always select '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	✓			
Supply Details				
Transaction Type	Supply/re-supply			
Date of supply	The date you are processing on NEO360			
Supplied By	Enter postcode for pharmacy			
Prenoxad - IM Injection	Number of kit(s) given			
Nyxoid - Intranasal				
Pebble - Intranasal				
Batch Number	LOT number			
Expiry Date	End of month			