https://scotland.neo360.systems/Secure/Login.aspx

NEO360 Reporting form for Injecting Equipment

Date:	Discard in confidential waste once recorded on NEO360							
Patient details	**Example**	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Gender	*M*							
Name	*John Smith*							
DoB	*01/01/2001*							
Client ID	*JST01/01/2001*							
One Hit Kits (OHK)								
1ml OHK	*Number of items given*							
2ml Blue OHK								
2ml Orange OHK								
IPED/Sport packs								
Pack 1	*Number of items given*							
Pack 2								
Sterile Water								
Sharps bins								
0.45L bin	*Given* / *Return*							
1L bin								
Naloxone offered and refused	*Tick box*							
Wound care								
Injection sites checked & dressings supplied	*Tick box*							
Injection sites checked & no action required	*Tick box*							
Injection sites checked & PGD321 used/antibiotics supplied	*Tick box*							
Onward referral made to alternative healthcare provider	*Tick box*							
Patient refused assessment	*Tick box*							