

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	10															
2ml Blue OHK	10															
2ml Orange OHK	10															
IPED/Sport packs																
Pack 1	5															
Pack 2	5															
Sterile Water	30															
Sharps bins																
0.45L bin	2	1														
1L bin	0	1														
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															