**Naloxone Take Home Program Grampian - Record of Training and Supply**

**TRAINING (ONE TO ONE CHECKLIST COVERED WITH PERSON)**

Name of Service:

Staff Member Name:…...…………………….………………………………….……………………….

[ ]  Person at risk [ ]  Family Member/Friend [ ]  Service Worker

[ ]  M [ ]  F Trainee Name: ……………………………………………….……………….………..

CHI/Date of Birth: ………………….………… Unit Number (SMS only)…………………………..

Address: ………………………………………………………………..…….…………….……………

……………………………………………………………………… Postcode: …….…………………

Prison Release date (prison only): …………………………..

Training checklist completed [ ]  Training Declined [ ]  Reason…………………………..…

**Naloxone supply**

Kit 1: Prenoxad [ ]  Nyxoid [ ]  Naloxone Nasal Spray 1.26mg [ ]

Batch no.: …..………….……….. Expiry Date: ……….……

Spare: Prenoxad [ ]  Nyxoid [ ]  Naloxone Nasal Spray 1.26mg [ ]

Batch no.: …..………….……….. Expiry Date: ……….……

[ ]  1st supply [ ]  Spare supply [ ]  Used on self [ ]  Used on other

 (Complete reverse) (Complete reverse)

[ ]  Expired [ ]  Confiscated [ ]  Damaged [ ]  Lost [ ]  Not known

Or declined supply of naloxone [ ]  State Reason ………………………………………………

I consent to: -Details of this training/supply being recorded on the electronic database

 -Anonymous sharing of data with the NHS for purpose of reporting and research

Signed (trainee): …………………………………………………….

Signed (staff): ……………………………………………………. Date: ……………………….

**NALOXONE RESUPPLY – Where the naloxone kit has been used on somebody**

When did the overdose occur? (Approximate date):………..………..…………………………....

Who administered the naloxone?

[ ]  Self [ ]  Paramedic [ ]  Another person [ ]  Unknown

Where did the overdose occur?

[ ]  My own home [ ]  Somebody else’s home [ ]  Another indoor location

[ ]  Outdoors [ ]  Other (state)……………………………………………………………

What was the outcome?

[ ]  Opioid reversed, person went to hospital

[ ]  Opioid reversed, person did **not** go to hospital

[ ]  Person did not survive

[ ]  Kit not used

[ ]  Not known

Additional Information: