**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: