

Supply/Re-supply of naloxone (Prenoxad) Patient Record

Has the individual previously received a naloxone (Prenoxad) kit and training on its use?

No: Yes:

(If No proceed with supply, if Yes ensure section 3 Re-supply is completed and supply)

Section 1 - Demographics

Person supplied:

Persons name:

Date of Birth:

Address:

Postcode:

Contact telephone number (in case of batch recall):

Is the person : Individual at risk? Family/Friend/Carer?

Section 2 - Medical history

Does the individual at risk have any previous known history of an allergy to naloxone?

No: Yes: (if the answer is yes a supply cannot be made)

Is the individual at risk of opioid overdose pregnant?

No: Yes: (If the answer is yes a naloxone supply can still be made and the person advised that naloxone can be administered for the purpose of saving a life. The importance of calling an ambulance should be reinforced).

Does the individual have any heart, renal or liver problems?

No: Yes: (if the answer is yes a naloxone supply can be made and the person advised that naloxone can be administered for the purposes of saving a life. The importance of calling an ambulance should be reinforced)

Section 3 - Complete if re-supply

Reason for re-supply?

Used on self, used on other, lost or damaged, expired Other.....

Section 4 - Signed Declaration for naloxone supply (see section 5 for re-supply)

Person declaration:

- I confirm that I have been supplied with naloxone (Prexonad) and have been given and understand the relevant information about when and how to use naloxone, and understand the need for basic life support (without rescue breaths) and to call an ambulance.
- I accept that my information will be stored in the pharmacy for 6+1 years for audit purposes and in accordance with the The Data Protection Act 2018. I acknowledge that anonymised data will be shared with the Public Health Team at Northumberland County Council for payment and service elevation purposes.

(During COVID-19 Pandemic pharmacist signs to confirm that the patient has understood the above declaration and annotate signature with patient has read and agreed but not signed due to Covid restrictions).

Print name:

Signature:

Date:

Pharmacist declaration:

I can confirm that this person receiving their supply of naloxone (Prenoxad) has demonstrated an understanding of the information provided in the naloxone Prenoxad Patient Information Leaflet and 5 Steps to Save a Life Leaflet.

Pharmacist
Name:

Pharmacist
Signature:

Date:

Section 5 - Signed Declarations for naloxone re-supply (see section 4 for supply)

Personal declaration:

I confirm that I have been:

- Previously supplied with naloxone (Prexonad) and has previously received and understood the necessary information on when and how to use naloxone, the need for basic life support (without rescue breaths) and to call an ambulance.
- Issued with a re-supply of naloxone (Prenoxad) on this occasion and understand when and how to use naloxone, basic life support and the need to call an ambulance.

I accept that my information will be stored in the pharmacy for 6+1 years for audit purposes and in accordance with the The Data Protection Act 2018. I acknowledge that anonymised data will be shared with the Public Health Team at Northumberland County Council for payment and service elevation purposes.

(During COVID-19 Pandemic pharmacist signs to confirm that the patient has understood the above declaration and annotate signature with patient has read and agreed but not signed due to Covid restrictions).

Print name:

Signature:

Date:

Pharmacist declaration:

I can confirm that this person receiving their re-supply of naloxone (Prenoxad) has demonstrated an understanding of the information provided in the naloxone Prenoxad Patient Information Leaflet and 5 Steps to Save a Life.

Pharmacist
Name:

Pharmacist
Signature:

Date:

Section 6 - naloxone (Prenoxad) issued:

Batch Number:

Expiry date: