### TAKE HOME NALOXONE CHECKLIST AND RECORD OF SUPPLY

#### Health worker checklist

**Confirm eligibility**
- At risk of experiencing opioid overdose and/or at risk of witnessing opioid overdose
- Aged 16 years or over
- Able to give informed consent (i.e. not affected by severe intoxication, severe cognitive impairment, or severe active psychological or physical medical condition that impairs informed consent)

*If eligibility criteria are not met, the education intervention and naloxone supply cannot be provided. Revert to usual care.*

**Discuss contraindications and precautions**
- Contraindication: Allergy/hypersensitivity to naloxone
- Precautions: Pregnant or breastfeeding

*If issues with contraindications or precautions are identified, describe issues and actions taken:*

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**Provide Intervention**
- Purpose of naloxone and possible adverse events explained
- Education provided
- Consumer Information Sheet provided
- Client has demonstrated an understanding of:
  - The risks for opioid overdose
  - The signs of opioid overdose
  - Actions in the event of an overdose: (i) assess environment: 'danger'; (ii) check for response; (iii) call ambulance; (iv) administer naloxone; (v) clear airways and perform rescue breathing; (vi) recovery position and stay with person until ambulance arrives; use more naloxone if no response.
  - What naloxone is, how and when to use it, including time to onset and duration of effects

**Supply Information**
- Client reports they have been supplied with naloxone previously
- If client has been supplied with naloxone previously, reason for re-supply (select one only):
  - Previous supply of naloxone was administered to the client
  - Previous supply of naloxone was administered to another person
  - Previous supply of naloxone was lost/damaged/past expiry date
  - Not applicable
- Opioid use reported by the client (may select multiple options, or omit if not disclosed):
  - Opioids prescribed for the client
  - Other opioids used
  - No reported opioid use (at risk of witnessing opioid overdose)

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**Client checklist**
- I agree to receive this intervention. I understand the risks of overdose, how to identify an overdose, and what to do in the event of an overdose, including the use of naloxone. I have been provided with Consumer Information Sheet and take home naloxone medication.

**Medication (tick):**
- Prenoxad® pre-filled injection (syringe contains 5 doses)
- Nyxoid® intranasal (2 devices in a pack, each containing 1 dose)

**Dosage and Route:**
- **Prenoxad®**:
  - Give 0.4mL of Prenoxad® Injection (to first black line) into the outer thigh or upper arm muscle.
  - If the person does not respond, repeat dose (to next black line) every 2 to 3 minutes as required.
- **Nyxoid®**:
  - Insert Nyxoid® device nozzle in nostril. Press firmly on the plunger until it clicks to give the dose. If the person does not respond after 2 to 3 minutes, give the second dose of Nyxoid®, using the second Nyxoid® device, in the other nostril.

**Amount supplied:**
- **Prenoxad®**: _____ syringe(s)
- **Nyxoid®**: _____ pack(s)

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**Health worker name**: __________________________ Date: __________

**Client signature**: __________________________ Date: __________

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1. *Assess risks. If concerned or the client is not suitable for the education intervention and supply of naloxone, revert to “usual care” and refer to an appropriate medical officer or Drug and Alcohol Service for further assessment and intervention.*