



FAMILY NAME		RECORD / FILE NUMBER
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____		
ADDRESS		
PHONE NUMBER		
COMPLETE CLIENT DETAILS (OPTIONAL)		

Service:

TAKE HOME NALOXONE INTERVENTION FORM

Worker checklist

Confirm eligibility

At risk of experiencing opioid overdose and/or

Yes No

at risk of witnessing opioid overdose

Yes No

Aged 16 years or over

Yes No ¹

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)

Yes No ¹

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

Discuss contraindications and precautions

Yes No

Contraindication: Allergy/hypersensitivity to naloxone

Precautions: Pregnant or breastfeeding

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

Provide Intervention

Yes No

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

Yes No

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)

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.

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.

Yes No

Client signature:

Date:

Medication (tick):

Prenoxad[®] pre-filled injection (syringe contains 5 doses)

Dosage and Route:

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.

Amount supplied:

_____ syringe(s)

Nyxoid[®] intranasal (2 devices in a pack, each containing 1 dose)

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.

_____ pack(s)

Worker name:

Signature:

Worker designation:

Date:

THN INTERVENTION FORM