

CG82 - CLINICAL GUIDELINE FOR THE ADMINISTRATION OF NALOXONE
FOR KNOWN OR SUSPECTED OPIOID OVERDOSE AND THE CLINICAL MANAGEMENT
OF THE NALOXONE TAKE HOME PROGRAMME



Essex Partnership University
NHS Foundation Trust

Appendix 5

Administration of Take Home Naloxone Feedback Form

Client's name:

Date:

For Prenoxad:

Prenoxad kit used on: **CLIENT** or **SOMEONE ELSE**

How much was given (0.4mg per black line, total 2mg):

1 DOSE or **2 DOSES** or **3 DOSES** or **4 DOSES** or **ALL**

For Nyxoid:

Nyxoid kit used on: **CLIENT** or **SOMEONE ELSE**

How much was given (1.8mg per dose, total of two doses):

1 DOSE or **2 DOSES**

What was the outcome:

Was the ambulance called: **YES** or **NO**

If NO can you please state why:

How was the used kit disposed of:

Has a new kit been given: **YES** or **NO**

Would the client like to tell us anything else about their experience of using the Take Home

Naloxone Kit:

Staff Name: