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: ………………………………………………………………………………………………………