Aug-18

Place patient label here

Dispensing Naloxone Screening Form
General Emergency Department and Mental Health Emergency Services Area

		Y/N	Time	Initials
Eligibility Criteria (circle all that apply)				
	Is the individual (at least one of): Being treated for opioid overdose? An opioid user or have a history of opioid use? At risk for or have a history of unintentional opioid overdose? AND A registered patient in the department	Y N Y N Y N Y N		
Contraindications for Dispensing Naloxone Kits (If any of the answers are YES, do not dispense and notify physician)				
	1. Does the patient have a known allergy to naloxone?	Y N		
	2. Does the patient have a known allergy to non-medical ingredients in naloxone? ○ Intramuscular non-medical ingredients: sodium chloride, hydrochloric acid, methylparaben and propylparaben. ○ Intranasal non-medical ingredients: sodium chloride, hydrochloric acid, benzalkonium chloride, disodium ethylenediaminetetraacetate and purified water.	Y N		
The following must be completed prior to dispensing kit :				
	Review the contents of the Naloxone kit with the patient and any accompanying individuals (with the patient's verbal consent)	☐		
	Review the use of the Naloxone nasal spray or intramuscular injection with the patient	☐		
	Review how to identify the need to use naloxone on an individual	☐		
	Review the process of putting an individual in the rescue position and how to administer rescue breathing and/or CPR	☐		
	Review process of calling 9-1-1 and the implications of the Good Samaritan's Drug Overdose Act	☐		
	Did friends or family members of the patient participate in the training? If so, how many?	____		
	Dispense Naloxone Kit:			
	Sign Naloxone Kit out using Naloxone Dispensing Log	☐		
	Dispense 1 kit to the patient • Dispense Intranasal Naloxone Kit x 1 to Patient • Dispense Intramuscular Naloxone Kit x 1 to Patient	☐IN or ☐IM		

Name/Designation:_________________________________ Date/Time:_________________________________