

Naloxone Knowledge Checklist & Order to Dispense

Initial Prescription Refill(circle) lost, stolen, expired, used for overdose
 other _____

(v)

	Overdose Prevention	<ul style="list-style-type: none"> Demonstrates clear knowledge of causes and prevention.
	Signs of Opioid Overdose	<ul style="list-style-type: none"> Understands the signs of opioid overdose: <u>breathing is very slow/ erratic or not there at all,</u> <u>fingernails/lips blue or purple, unresponsive to stimulation,</u> <u>deep snoring/gurgling sound, body is Limp, unconscious.</u>
	Calling 911	<ul style="list-style-type: none"> Understands the importance of calling 911, knows what to say to the 911 operator and knows to debrief with EMS
	Naloxone Administration	<ul style="list-style-type: none"> Demonstrates understanding, including: 1cc/ml into upper shoulder or upper thigh. If no change in condition within 3-5 minutes give another dose of naloxone.
	Stimulation/Chest Compressions	<ul style="list-style-type: none"> Know the overdose response myths Demonstrates understanding of how to provide stimulation: <u>Shake and Shout</u> Demonstrates understanding of how to provide chest compressions: <u>Press hard, fast, middle of chest</u>
	Evaluation/ Aftercare	<ul style="list-style-type: none"> Demonstrates knowledge that Naloxone lasts 30-90 minutes in the bloodstream Understands the importance of not allowing the person to do more opioids Knows to watch for OD symptoms returning
	Care of Naloxone Vial/ Program Evaluation/Refill	<ul style="list-style-type: none"> Demonstrates knowledge to store naloxone at room temp away from light Watch Expiry date, Keep Naloxone handy Contact The Works for refill and evaluation

Participants Name: _____ Date of Birth _____
 Dispense: Naloxone 0.4mg/ml ampoule lot(s) # _____ Exp date(s): _____
 RN's Name and Signature _____ Date _____