

Educator to verify Opioid Risk Assessment for Naloxone Take - Home Kit (In depth) and Naloxone as an active medication is completed (using prescription favourite that best describes reason for kit)

Client Health Record #
Client Surname
Given Name
Date of Birth
Gender
MFRN
PHIN
Address

Y ☐ assessment completed within 12 months N ☐ (if no, complete Opioid Assessment Tool for Naloxone Take - Home Kit (In depth))

Educational Topics Provided (select one) <input type="checkbox"/> Assessment of Knowledge Uptake <input type="checkbox"/> Delivery of Training	Important Details (select those that apply)
Overdose Prevention	<input type="checkbox"/> MIXING: opioids with downers OR opioids with uppers (Prevention: don't mix, or if do, use drugs before alcohol) <input type="checkbox"/> TOLERANCE: also taking Rx drugs, after periods of non-use or lower use e.g. jail, detox/abstinence, hospital, new use (Prevention: use less at these times) <input type="checkbox"/> QUALITY OF STREET DRUGS: unpredictable (Prevention: do testers, go slow, use a consistent reliable dealer) <input type="checkbox"/> USING ALONE: behind closed locked door when no-one knows (Prevention: tell someone before you use, leave door unlocked) <input type="checkbox"/> HEALTH: liver, breathing problems, lack of sleep, dehydration, infections (Prevention: eat, drink, sleep, see doctor, carry inhaler)
Signs and Symptoms of Opioid OD (Naloxone only works for opioid OD – NOT for non-opioid depressants like alcohol or Benzodiazepines (i.e., Valium, Ativan, Clonazepam, Lorazepam, Restoril, Rohypnol,) BUT if you don't know, naloxone won't hurt)	<input type="checkbox"/> Opioids (i.e., heroin, morphine, fentanyl, oxycontin, dilaudid, tylenol 3, methadone) <input type="checkbox"/> Opioid OD = too much drugs, breathing slows, not enough oxygen to the brain (less than 1 breath every 5 seconds) <input type="checkbox"/> Key feature: Unresponsive & Slow / Shallow / Irregular Breaths <input type="checkbox"/> May also observe: (1) blue lips/ fingernails; (2) snoring/gurgling
Signs and Symptoms of Stimulant Overdose (or 'overamping')	<input type="checkbox"/> Stimulants (i.e., crystal meth, cocaine, crack, MDMA, caffeine, nicotine) <input type="checkbox"/> Chest pains, dizziness, rapid heartbeat, extreme agitation <input type="checkbox"/> Lots of sweat or no sweat <input type="checkbox"/> Seizures/convulsions, foaming at the mouth <input type="checkbox"/> Paranoia, delusions, psychosis <input type="checkbox"/> MEDICAL EMERGENCY – CALL 911 – NALOXONE WON'T WORK
RESPONDING TO AN OPIOID OD (S.A.V.E.M.E) (select those that apply)	
CONFIRM UNRESPONSIVE	<input type="checkbox"/> Stimulate with: Noise (shout, use their name), Pain (ex. sternal rub) – Remember, tell person what you are doing before you touch them
CALL 911	<input type="checkbox"/> Put person in the recovery position if you have to leave them alone
CLEAR AIRWAY & GIVE BREATHS	<input type="checkbox"/> Clear airway (is there anything in their mouth?), tilt head, lift chin <input type="checkbox"/> Apply breathing mask, pinch nose and give 2 breaths. <input type="checkbox"/> Continue 1 breath every 5 seconds until person is breathing <input type="checkbox"/> If you do not know how long someone has been unconscious and not breathing, you should give both chest compressions and breaths 30:2 (ratio of compressions:breaths)



GIVE INTRAMUSCULAR NALOXONE (demonstrate if possible)	<input type="checkbox"/> Swirl ampoule, snap top off (use ampoule breaker), draw up all of the naloxone, remove most of the excess air <input type="checkbox"/> Use alcohol swab (also helps to landmark), inject into large muscle – THIGH, upper arm or butt <input type="checkbox"/> Inject at 90°, push plunger until you hear a click (needle will retract)
EVALUATE EFFECTS (for 3-5 minutes) & GIVE MORE NALOXONE IF NEEDED	<input type="checkbox"/> Continue to give breaths FOR 3-5 MINUTES (about 40 breaths) OR until they respond (are breathing again on their own). <input type="checkbox"/> After 3- 5 minutes, if still unresponsive, give a 2nd dose of naloxone <input type="checkbox"/> Wait 3-5 minutes, if still unresponsive, give 3rd dose of naloxone. <input type="checkbox"/> Continue breaths until person breathing OR paramedics arrive
AFTERCARE	<input type="checkbox"/> Naloxone wears off in 20-90 minutes <input type="checkbox"/> Person will not remember ODing – explain what happened <input type="checkbox"/> If person does NOT go to hospital monitor at least 2 hours and do NOT allow them to take more opioids (could OD again)
CARING FOR NALOXONE	<input type="checkbox"/> Naloxone should be stored out of the light at room temperature (15-30 C) <input type="checkbox"/> Be aware of the expiry date – it is on the ampoule <input type="checkbox"/> Process for replacement kits discussed
Naloxone Take - Home Kit Provision (select those that apply)	
Individual demonstrates understanding of appropriate and safe administration Y <input type="checkbox"/> N <input type="checkbox"/> *	
*If no, complete a safety plan with the individual. Educator to consider using an Overdose Response pamphlet as a decisional aid	
Manitoba Health Publically Funded Naloxone Take - Home Kit dispensed Y <input type="checkbox"/> N <input type="checkbox"/>	
Individual provided with an educational certificate of completion to purchase Naloxone Take - Home Kit from Pharmacy Y <input type="checkbox"/> N <input type="checkbox"/>	
Plan (select those that apply)	
<input type="checkbox"/> Overdose response printed materials provided <input type="checkbox"/> Advise Pharmacy or Distribution site can provide additional refresher education session as needed <input type="checkbox"/> Follow – up to revisit education session in ____ [insert drop down 1-12] [insert drop down weeks months year or as needed]	
Comments (any issues or concerns, reinforce learning at next visit if needed)?	

