



Kit recipient's name: _____ Kit recipient's health card number: _____

Kit's recipient's address: _____ Kit recipient's phone number: _____

Naloxone lot number and expiry date: _____ Kit recipient's date of birth: _____ Kit recipient's sex: M/F

ASSESS ELIGIBILITY

Eligibility for a FREE naloxone kit	<ul style="list-style-type: none"> • Current or past opioid use, and at risk of overdose • In a position to help someone who may overdose on opioids <p><i>People who want additional harm reduction supplies can be directed to public health agencies or needle exchange centres.</i></p>	<input type="checkbox"/> Current opioid use <input type="checkbox"/> Past opioid use <input type="checkbox"/> Family member/friend <input type="checkbox"/> Good samaritan
Allergies	<ul style="list-style-type: none"> • Is the person who is to receive the naloxone allergic to it or any of the other ingredients in it (e.g., methylparaben)?* <p><i>*The sole contraindication to naloxone is known hypersensitivity to it or its excipients. However, this is usually not known and should not be a barrier to accessing naloxone.</i></p>	<input type="checkbox"/> Yes, previous allergic reaction to naloxone <input type="checkbox"/> No previous allergic reaction to naloxone <input type="checkbox"/> Unknown

ESTABLISH THERAPEUTIC RELATIONSHIP AND CURRENT KNOWLEDGE BASE	DISCUSSED?		
	YES	NO	N/A

Who, what and why? <ul style="list-style-type: none"> • Why are you interested in receiving naloxone? • What do you already know about naloxone? • Validate the positive step the kit recipient is taking in acquiring a lifesaving medication. 			
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RECOGNIZING SIGNS OF RESPIRATORY DEPRESSION

<ul style="list-style-type: none"> • You can't wake the person up. • Breathing is slow or erratic, or has stopped. • Deep snoring or gurgling sounds. 	<ul style="list-style-type: none"> • Fingernails or lips are blue or purple. • Body is very limp. • Pupils are very small. 			
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RESPONDING TO RESPIRATORY DEPRESSION

Unresponsive? "Shout and shake" <ul style="list-style-type: none"> • Stimulate with noise and touch (shout their name, tap their shoulders). • If they don't respond, rub knuckles on centre of person's chest, below their neck (i.e., "sternal rub"). 				
Call 911 NOW! <ul style="list-style-type: none"> • Call 911 right away because naloxone only lasts a short time. Canada's Good Samaritan Drug Overdose Act provides some legal protection for individuals who seek emergency help during an overdose. • Put person in recovery position if you have to leave them alone or if they're unconscious and breathing, to make sure they don't choke if they vomit. • Give address and, if possible, send someone to meet paramedics at the door. 				
Give 1st dose of naloxone <ul style="list-style-type: none"> • Tap the ampoule or swish it around to make sure there is no drug stuck in the top of the ampoule. • Snap top off ampoule, using a plastic opening device, and draw up all the naloxone. • Inject naloxone at 90 degrees to the large muscle of the thigh or upper arm. • Push plunger down completely. The needle will snap back into the syringe. 				
Give chest compressions and/or rescue breaths <ul style="list-style-type: none"> • Prioritize chest compressions: push hard and fast on the centre of the chest. • Rescue breaths can be provided if kit recipient is trained through another program (e.g., CPR). • Personal protective equipment (i.e., gloves and breathing barrier, if applicable) should be worn to minimize risk of accidental exposure to opioids. 				
Evaluate and give 2nd dose if needed <ul style="list-style-type: none"> • Continue compressions until person responds (is breathing again on their own). • After 2 to 3 minutes, if person is still unresponsive, give second dose of naloxone. • Continue compressions until person is breathing on their own or paramedics arrive. Put person in the recovery position once they are breathing on their own. 				
Aftercare <ul style="list-style-type: none"> • Naloxone wears off in 20–90 minutes. Opioids can last longer than this, so another overdose can occur. • Person may not remember overdosing, so explain what happened. • Discourage them from taking more opioids, as they could overdose again. • Person must be monitored for several hours by health care providers, even if naloxone has worked. 				
Withdrawal <ul style="list-style-type: none"> • Likely uncomfortable but short-lived and non-life threatening • Nausea/vomiting, diarrhea, muscle aches, sweating 				
Refill <ul style="list-style-type: none"> • Go to your nearest pharmacy to obtain more intranasal or injectable naloxone for free. 				
Other important considerations <ul style="list-style-type: none"> • Naloxone only works on reversing effects of opioids; it does not affect other substances such as alcohol or stimulants.* Opioids include OxyContin/OxyNEO, fentanyl, heroin, Percocet, Dilaudid, morphine, codeine, methadone, Suboxone. <p><i>*Many opioid overdoses have been linked to contaminated cocaine and other street drugs. If the user's experience looks more like an opioid overdose, give naloxone. No effect (good or bad) will occur if you give naloxone to someone who is not on opioids.</i></p>				

HARM REDUCTION TIPS

<ul style="list-style-type: none"> • Tolerance to opioids is quickly lost. If you have not used for a few days, use a smaller dose first. • Avoid using alone. Use somewhere where you could be quickly found if you overdose. • Use a test dose of the drug before taking a full dose, especially when using a new supply and/or dealer. 	<ul style="list-style-type: none"> • Connect with addictions treatment. • Access safe injection and smoking supplies from public health units. • Use local supervised injection services. • Avoid mixing drugs (especially mixing alcohol or benzodiazepines with heroin and/or other opioids, such as methadone).
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Clinician's name, designation and signature: _____ Date: _____