Leeds, Grenville & Lanark District HEALTH UNIT

revive **Naloxone Program**

Date:	Name:	Sex:	Location:

☐ Individual currently using or has a history of opioid dependence, or
☐ Family/friend of someone using opioids

What opioid(s) are you or your family/friend using?

Knowledge Checklist:

☐ Overdose Prevention
☐ Signs of Opioid Overdose
☐ Calling 911
☐ Chest Compressions/CPR
☐ Aftercare
☐ Care of Naloxone/Refill
☐ Naloxone Administered

Dispensing Record

☐ Initial Dispense: (2) Narcan 4mg/0.1mL nasal spray blister packs as per Medical Directive) Date: Time:

☐ Knowledge Checklist reviewed Narcan Dispensing Lot # Expiry Date:

☐ Refill ☐ Knowledge Checklist reviewed Date: Time:

Narcan Dispensing Lot # Expiry Date:

Reason for refill: ☐ Lost ☐ Stolen ☐ Expired ☐ Used for Overdose ☐ Other:

☐ Refill ☐ Knowledge Checklist reviewed Date: Time:

Narcan Dispensing Lot # Expiry Date:

Reason for refill: ☐ Lost ☐ Stolen ☐ Expired ☐ Used for Overdose ☐ Other:

☐ Refill ☐ Knowledge Checklist reviewed Date: Time:

Narcan Dispensing Lot # Expiry Date:

Reason for refill: ☐ Lost ☐ Stolen ☐ Expired ☐ Used for Overdose ☐ Other:

The information you provide will be used, kept, shared and disposed of according to the Personal Health Information Act. For more information about our privacy policy, call 1-800-660-5853 or visit www.healthunit.org.

Client Signature: Date:	Signature & Designation: Date: Time:

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Naloxone – Administered

Date:	City:	
Naloxone Administered by: ☐ Client ☐ Family/Friend		
How many doses were given?		
Was 911 called when naloxone was administered? ☐ Yes ☐ No		
Notes:		
Signature & Designation:	Date:	Time:
Date:	City:	
Naloxone Administered by: ☐ Client ☐ Family/Friend		
How many doses were given?		
Was 911 called when naloxone was administered? ☐ Yes ☐ No		
Notes:		
Signature & Designation:	Date:	Time:
Date:	City:	
Naloxone Administered by: ☐ Client ☐ Family/Friend		
How many doses were given?		
Was 911 called when naloxone was administered? ☐ Yes ☐ No		
Notes:		
Signature & Designation:	Date:	Time: