



NALOXONE DISTRIBUTION FORM
FOR PROVIDERS, PARENTS, COMMUNITY

Date: ____/____/____

Unique ID: _____

PARTICIPANT/TRAINEE's NAME: _____ **D.O.B:** ____/____/____

What Race do you identify as? *(Check all that apply.)*

<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> Native American
<input type="checkbox"/> Asian	<input type="checkbox"/> 2 or More Races	<input type="checkbox"/> African American/Black
	<input type="checkbox"/> Other: _____	

What Gender do you identify as?

<input type="checkbox"/> Male	<input type="checkbox"/> Male to Female	<input type="checkbox"/> Gender Queer
<input type="checkbox"/> Female	<input type="checkbox"/> Female to Male	

Name of Trainer: _____

Address where training is being held: _____

What's your agency/company name: _____

What is your occupation? _____

What zip code do you live in or spend the most time in? _____

Which category best describes you?

- | | |
|---|---|
| <input type="checkbox"/> Parent of someone at risk for overdose | <input type="checkbox"/> Friend of someone at risk for overdose |
| <input type="checkbox"/> Partner of someone at risk for overdoses | <input type="checkbox"/> Provider at an agency |
| <input type="checkbox"/> Other <i>(explain)</i> : _____ | |

Who are you getting Naloxone (Narcan) for today? ☐ Self ☐ Friend ☐ Family member ☐ Client ☐ Just to carry

Are you carrying Naloxone (Narcan) today? ☐ YES ☐ NO **Do you need a refill?** ☐ YES ☐ NO

If you do have Naloxone (Narcan), where did you received it? ☐ Pharmacy ☐ Doctor ☐ Work ☐ PPP

Have you ever witnessed a drug overdose? ☐ YES (# of times: _____) ☐ NO

→ *Of those times, how many times was 911 called?* _____

→ *Of those times, how many times was the person taken to the hospital?* _____

→ *Of those times, how many fatalities were there?* _____

When was the last time that you witnessed an overdose? _____

Have you ever reversed someone else with Naloxone (Narcan)? ☐ YES ☐ NO

→ **If you reversed someone with Naloxone (Narcan), what was the outcome of the overdose reversal?**

- | | | |
|--|---|--|
| <input type="checkbox"/> Person survived | <input type="checkbox"/> Person passed away | <input type="checkbox"/> Person went to hospital |
|--|---|--|

Prevention Point Philadelphia Naloxone Checklist & Order to Dispense

Participant's Name: _____ D.O.B: _____ Unique ID: _____
First letter of last name and last 4 of social sec

#





Participant Initials the following:

	<p><u>Overdose Risk Factors</u> Mixing drugs (e.g. mixing opiates and benzos); loss of tolerance following release from prison or jail or after spending time in a closed institution (hospital, inpatient detox or rehab); unknown purity or quality (e.g. heroin laced with fentanyl); tolerance too high due to using more than your body can handle; using alone; certain medical conditions (e.g. immune disorder, HIV, Hep C, chronic respiratory disease). <i>Educate those you use with!</i> Purity testing ('tasting,' snorting, gradual injecting), don't use more than you can handle, don't use alone!</p>
	<p><u>Overdose Symptoms Recognition</u> Extreme sleepiness; Slower breathing; Non-responsive to loud noise, touch, or pain; Turning blue or purple <i>Call 911!</i></p>
	<p><u>Rescuer Safety</u> Remove hazardous materials, used syringes, etc., If you have gloves wear them; Use a barrier for rescue breathing- T-shirt, paper cup, saran wrap, dental dam. Anyone who is too stressed out, too high, or does not want to be around if police come should leave.</p>
	<p><u>Rescue Breathing</u> Clear airway; put in Recovery Position if breathing On back, forehead back, tip chin to open airway Remember to clear mouth and pinch off nose, seal your mouth over theirs Two quick breaths to begin, then 1 breath every four seconds</p>
	<p><u>Naloxone - store away from light and at room temperature</u> Keep Naloxone and IM (1 - 1 1/2"long) needles with your works, inject 1cc. or 1 ml. into shoulder; butt cheek; thigh. OR put two vials in intranasal kit together and twist on atomizer, then spray up to 2 mL at a time in each nostril. OR spray on nasal Narcan pump into one nostril and wait. <u>Keep breathing for them</u> until Naloxone starts to work and they start breathing on their own. If not working in 5-10 minutes, give a second dose. If 2nd dose doesn't work, something else may be wrong.</p>
	<p><u>GET HELP Call 911 immediately!</u></p>
	<p><u>911 Calls & Working with EMTs- We strongly recommend calling 911!</u> Try to speak calmly and tell the operator "My friend is unconscious and not breathing" and where you are; remove all drugs and paraphernalia from sight; tell EMTs what they've taken and what measures you have taken to bring them back—remember that they are there to help! GET MEDICAL ATTENTION AFTER THEY ARE REVIVED, EVEN IF THEY SEEM FINE THEY MAY HAVE OTHER PROBLEMS YOU CAN'T SEE!! LET PERSON KNOW IF THEY USE AGAIN, THEY OVERDOSE AGAIN.</p>

Participant Consent:

By signing below, I give my permission for Prevention Point Philadelphia to provide feedback to verify that I have completed Opiate Overdose Prevention training. I also acknowledge that my information is private and confidential and will only be reported on in the aggregate form and my name will not be linked to my medical information for reporting purposes. My consent is valid through the duration of the OPIATE Project.

Participant's Signature: _____ Date: ____/____/____ Staff Name: _____

				<p># Units shown _____</p> <p>Lot # _____</p> <p>Exp. Date _____</p>
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What program did the person you trained come from?

☐ SHP ☐ SEP ☐ CM ☐ WN ☐ WCC ☐ Drop In ☐ Testing ☐ External (provider/parent/community)

What program's medication was used for training if applicable?

☐ SHP ☐ SEP ☐ CM ☐ WN ☐ WCC ☐ Drop In ☐ Testing ☐ External (provider/parent/community)