

## NS Take Home Naloxone Kit Program TRAINING & KIT DISTRIBUTION SHEET

Registered Distribution Site Name \_\_\_\_\_

Community: \_\_\_\_\_

Today's Date MM/DD/YYYY	Distribution Data				First kit or Replacement Kit	USED Replacement Kit Information		
	Expiration >1 yr ?	Informed re: data collection & use *	Who is it for?	# of kits given		# Doses Given	Did they survive?	Comfortable to give it again?
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Prefer not to Say <input type="checkbox"/> Self <input type="checkbox"/> Friend/Family <input type="checkbox"/> Support worker	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> First Kit <input type="checkbox"/> Replacement Kit <input type="checkbox"/> USED <input type="checkbox"/> OTHER	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> ____ (# if >3)	<input type="checkbox"/> Prefer not to say <input type="checkbox"/> Unsure <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Prefer not to Say <input type="checkbox"/> Self <input type="checkbox"/> Friend/Family <input type="checkbox"/> Support worker	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> First Kit <input type="checkbox"/> Replacement Kit <input type="checkbox"/> USED <input type="checkbox"/> OTHER	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> ____ (# if >3)	<input type="checkbox"/> Prefer not to say <input type="checkbox"/> Unsure <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Prefer not to Say <input type="checkbox"/> Self <input type="checkbox"/> Friend/Family <input type="checkbox"/> Support worker	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> First Kit <input type="checkbox"/> Replacement Kit <input type="checkbox"/> USED <input type="checkbox"/> OTHER	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> ____ (# if >3)	<input type="checkbox"/> Prefer not to say <input type="checkbox"/> Unsure <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Prefer not to Say <input type="checkbox"/> Self <input type="checkbox"/> Friend/Family <input type="checkbox"/> Support worker	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> First Kit <input type="checkbox"/> Replacement Kit <input type="checkbox"/> USED <input type="checkbox"/> OTHER	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> ____ (# if >3)	<input type="checkbox"/> Prefer not to say <input type="checkbox"/> Unsure <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> NO
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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Prefer not to Say <input type="checkbox"/> Self <input type="checkbox"/> Friend/Family <input type="checkbox"/> Support worker	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> First Kit <input type="checkbox"/> Replacement Kit <input type="checkbox"/> USED <input type="checkbox"/> OTHER	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> ____ (# if >3)	<input type="checkbox"/> Prefer not to say <input type="checkbox"/> Unsure <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> NO

**\*NOTE: DO NOT ATTACH ANY TAKE HOME NALOXONE FORMS TO PATIENT RECORDS.** Assure patient confidentiality, data will be used to guide training & inform program work. Questions answered will be combined with other provincial data for program monitoring, report sharing and to guide future work.\*

Please email a copy to [NSNaloxone@nshealth.ca](mailto:NSNaloxone@nshealth.ca) OR Fax to 1-902-567-0651 at the **END OF EACH MONTH.**