



Naloxone Pharmacy Acknowledgement

*This form must be filled out and completed at point of sale. Pharmacy staff must have offered a consultation with the patient on how to use naloxone and review the risks, benefits, and appropriate uses of naloxone. **Informational handouts, required by the standing order, must be included with all naloxone medication. This includes where to find substance abuse, treatment and recovery resources on the state-run website, www.HelpisHereDE.com.***



Fill out the required information below and at the bottom, sign to acknowledge you have reviewed all information with the patient:

Zip Code of medication's destination (If refused, may use pharmacy zip code)

Training Provided: (check all that apply)

☐

in-person at community training

☐

from videos on HelpisHereDE.com

☐

at pharmacy/from healthcare provider

☐

training declined by patient.

** By signing this form, I acknowledge either:*

- *I have reviewed with patient how to recognize and respond to an opioid overdose including:*
 - *Recognizing signs and symptoms of overdose.*
 - *Early activation of emergency services by dialing 911.*
 - *Early initiation of rescue breathing and/or CPR for those who have CPR training/ being prepared to provide CPR under the direction of 911 dispatcher.*
 - *Step by step instructions of administration of intra-nasal naloxone.*
 - *Repeat administration of naloxone if there is no change in breathing or responsiveness 3-5 minutes after initial naloxone administration.*
 - *Remaining with the person who overdosed until help arrives in the form of medical professional.*
 - *Naloxone cannot be used to revive oneself*

Or

- *I offered to review, but the patient declined.*

Pharmacy Name: _____

Store Number: _____

Signature: _____

Date: _____

Email completed forms to Narcan.Train@delaware.gov or fax to (302)255-4404

Include "Pharmacy Naloxone" in the subject line.