



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.