

Manitoba Take Home Naloxone

Guidance for Documenting the Take-Home Naloxone Distribution Encounter

The following guidance on documentation was developed in consultation with the College of Registered Nurses of Manitoba, and the Canadian Nurses Protective Society.

For health or other service providers, if there is an existing health record, if there is an ongoing care relationship, or if care is already being provided and documented for another reason; documentation of the opioid risk assessment and naloxone distribution encounter in the health record is recommended.

If the client/service recipient attends the site specifically and only for a take-home naloxone kit, and no other care is provided, the creation of a health record is not required, especially if collecting personal health information and recording the encounter would create a barrier to naloxone access. However, the basic details of care should be documented in order to provide a record of service and standards of care including: date of service, service provider, documentation that client had adequate knowledge to recognize and respond to an opioid toxicity, including the safe and appropriate administration of naloxone. This documentation should be retained according to health record retention requirements.

See Sample Take Home Naloxone Distribution Record on the next page

Take Home Naloxone Distribution Record (sample)

SITE NAME:

DATE	PROVIDER NAME	HAVE YOU HAD A KIT BEFORE?	UNDERSTANDS SYMPTOMS AND WHEN TO GIVE NALOXONE	UNDERSTANDS HOW TO ADMINISTER NALOXONE	UNDERSTANDS OTHER CARE AND SUPPORT	# KITS PROVIDED	WHAT HAPPENED TO YOUR LAST KIT? If used, ask if client willing to provide information: Take Home Naloxone Kit Use Report (office.com)
DD/MMM/YYYY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> KIT WAS USED
DD/MMM/YYYY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> KIT WAS USED
DD/MMM/YYYY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> KIT WAS USED
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DD/MMM/YYYY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> KIT WAS USED
					TOTAL DISTRIBUTED:		TOTAL REPORTED USED:

Do not forward to Manitoba Health. For optional use by take-home naloxone distribution site to support client assessment and documentation. Retain according to health record retention requirements.