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**Policy and Procedure 5**

**Protocol for Naloxone Distribution:** **7**
This document explains the process for naloxone training and distribution.

**Appendix A**:  **Copy of the state issued standing orde**r **15**
Only applies to pharmacists and pharmacies

**Appendix B: (Brochures 1 and 2)** **17-20**
***Save a Life: How to Use Naloxone to Reverse an Opioid Overdose* *Brochure***

***Resources for Substance Use Disorder Brochure***

These two brochures arerequired to be distributed with each kit. Some hospitals
are placing these in bags or stapling to the bags which hold the naloxone being distributed.

**Appendix C:** **Kit Labels** **21**

Label template to be personalized and placed on the kits prior to distribution (may
keep in the Pyxis or similar automated dispensing system pre-labeled).  Once distributed,
the individual's name, address, and date dispensed must be filled out on the label.  Typically,
this will be hand-written.

**Appendix D**: **Standing Order Template 23**

Complete and submit your institution’s standing order template if already created. Otherwise,
the provided template may be used for guidance.

**Appendix E:** **Counseling Checklist** **25**

Counseling is required for kit distribution. Refer to protocol for training requirements.

**Appendix F:** **Naloxone Distribution Form. 26**

This is a patient data form.  Naloxone is a prescription product; therefore, documentation
of the patient's information is required.  Many hospitals are using the electronic medical record (EMR) to document rather than this paper form.

**Appendix G:** **27**

This form may be used to track naloxone use at the facility level.

**Appendix H (Survey 1):** **Lay Public Naloxone Administration Reporting Form 28
WV Poison Center** (***ONLY IF PATIENT IS GETTING A "REFILL").***

If an individual states the naloxone kit has been used, it must be reported to WV Poison Control.  It
is an anonymous form that can be completed and faxed/emailed (escharman@hsc.wvu.edu).

**Appendix I: (Survey 2) DHHR PDO/STR/CARA Grant Naloxone Distribution 29**

This is the form used to collect data for each grant. Funding for these grants **require** data to be
collected and reported to the University of Charleston (lindsayacree@ucwv.edu) upon distribution.
Some facilities are sending these weekly or monthly as they are dispensing/distributing naloxone.
This data may be gathered and sent however is most efficient for your facility.  Data may also be
collected in the EMR so that a report may be generated and sent rather than sending surveys.

**Naloxone Receiving and Distribution Agreement 31**

This form must be sent to the University of Charleston School of Pharmacy in order to ship naloxone to your institution (lindsayacree@ucwv.edu).

**Naloxone Product Verification Form 33**

Once naloxone is received, please complete the verification form and send back to the University
of Charleston School of Pharmacy along with an image of the product.