The following staff member has reviewed all critical elements of overdose prevention, recognition, response, and follow up care as outlined below with the client receiving prepackaged overdose reversal medication.

|  |  |
| --- | --- |
| **Topic** | **Staff Initials** |
| Risk Factors for Overdose |  |
| Signs of Overdose |  |
| Overdose Response |  |
| Naloxone Administration |  |
| Good Samaritan Law |  |
| Withdrawal Symptoms |  |
| Risk for Recurrent Overdose |  |

Client Name:

*Client Label here*

Client DOB:

Staff Name:

Date:

I, the client receiving naloxone, confirm my understanding of how to use naloxone and ways to reduce my risk of overdose.

Signature:

Date:

Client education video QR code:



<https://vimeo.com/357020563>

**Source**: *WA Department of Health- Opioid Overdose: Administering Naloxone Video*