

Skills Checklist for Opioid Antagonist Nasal Spray Medication Administration

Employee Name: _____ **Evaluator:** _____

Skill	UNMET	MET
Recognize:		
Verbalizes signs and symptoms of an opioid-related overdose: <ul style="list-style-type: none"> • Unconscious & unresponsive to voice & touch • No breathing or slow & shallow breathing • Snoring or gurgling sounds 	<ul style="list-style-type: none"> • No pulse or slow pulse • Pale, clammy skin • Lips or fingernails blue or purple • Pinpoint pupils 	
Responds:		
1. Call for help		
2. Dial 911		
3. Put on PPE		
4. Start CPR as necessary		
Reverse:		
1. Positions person properly for Opioid Antagonist administration		
2. Removes Opioid Antagonist from box and peel back the tab with the circle to open		
3. Properly holds Opioid Antagonist for administration		
4. Properly inserts Opioid Antagonist into person's nostril for administration		
5. Presses the red plunger firmly to give dose of Opioid Antagonist		
6. Removes device from nostril		
7. Starts CPR as necessary		
8. Verbalizes when, how often, and where additional doses may be given		
Recovery:		
1. Demonstrates proper placement of recovery position		
2. Verbalizes signs and symptoms of opioid withdrawal: Body Aches, Nausea, Vomiting, Diarrhea, Tachycardia, Increased Blood Pressure, Fever, Sneezing, Runny Nose, Sweating, Yawning, Dilated Pupils, Tearing, Nervousness, Restlessness, Irritability, Trembling or Shivering, Weakness		
Refer:		
1. Verbalizes the need for medical evaluation after receiving Opioid Antagonist		
2. Verbalizes why the patient needs medical evaluation		
Report:		
1. Verbalizes reporting procedures after administration of Opioid Antagonist		
Disposal & Storage:		
1. Verbalizes proper procedures for the disposal of used Opioid Antagonist		
2. Verbalizes proper procedure for the replacement of expired Opioid Antagonist		
3. Verbalizes proper storage procedures per FFAC (REGULATION) & Manufacture guidelines		

The above-named person has properly demonstrated the skills to effectively administer Opioid Antagonist nasal spray medication.

Evaluator Signature: _____ **Date:** _____

I am confident that I have the skills to recognize a known or suspected opioid-related overdose, and can effectively administer Opioid Antagonist.

Employee Signature: _____ **Date:** _____