## OUD Screening

**.oud**

Client screened for signs and symptoms of opioid use disorder or use of opioids outside of legal authority based on the following question(s) *(insert screening tool/questions here with check boxes)* and based on client responses screened **in/out** for naloxone distribution. If client screened in for OUD and the provider deemed it appropriate, patient was offered naloxone and overdose prevention education, which the patient **accepted/declined.**

**.oudexceptions**

## Client screened positive for signs and symptoms of opioid use disorder or use of opioids outside of legal authority based on the following question(s) *(insert screening tool/questions here with check boxes)* and based on client responses screened **out** for naloxone distribution due to the following exception(s):

[ ] The client attested to having naloxone

[ ] In the provider’s clinical judgement, naloxone was not clinically appropriate due to (insert brief rationale)

[ ] The client declined medication

## Naloxone Distribution and Overdose Education

**.oend**

Client was provided a naloxone kit in hand that included 2 doses of naloxone, patient education brochures, and an overdose reversal information sheet.

**.oendpickup**

 The client screened in for naloxone distribution and the following steps were taken in collaboration with the client:

[ ] meets criteria and is clinically appropriate for naloxone distribution per (insert policy/procedure)

[ ] Pharmacy protocol was initiated on (insert date)

[ ] Client received naloxone kit in hand today, or

[ ] Client will receive naloxone kit by:

[ ] mail order to client home

[ ] mail order to clinic for pick up on (insert date)

Client received the following required naloxone education and confirmed understanding of the following:

[ ] HCA Overdose Prevention and Directions for Naloxone Use

[ ] HCA Harm Reduction Strategies and MOUD brochure

[ ] Additional resources or referrals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_