Administration of Injectable Buprenorphine (Sublocade®)

Name: @NAME@

Date of Birth: @DOB@

MRN: @MRN@

Treating Provider:

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Patient verified by DOB and name

Pre-Administration Questionnaire

1.    Have you used any illicit substances (not prescribed medications) within last 7 days? {YES NO \*\*\*:19047}

2.    Have you had alcohol in last 24 hours? {YES NO \*\*\*:19047}

If answer is Yes for question 1 or 2, refer or consult with prescribing provider.

The following products may be administered as needed as instructed by provider. Verify the availability of products.

-Naloxone IM injection: 5373

-Naloxone intranasal spray: 187843

-Epinephrine 1:1000 IM injection: 167831

-Diphenhydramine 50mg/mL IM injection: 2508

-Diphenhydramine 25mg oral: 2509

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Sublocade 100 mg/0.5 mL or Sublocade 300 mg/1.5 mL (select one) was administered by subcutaneous injection to @NAME@.  Patient reviewed the consent form and had an opportunity to ask questions prior to administration.

-Rx number: \*\*\*

-NDC: \*\*\*

-Lot: \*\*\*

-Expiration date: \*\*\*

-Manufacturer's name: Indivior

-Site of administration: \*\*\*

-Administrator name: \*\*\*

-Administration date: \*\*\*

-Date of next expected administration: \*\*\*

Rotate injection site. Check the previous injection site if applicable.

@me@ @td@ @now@