

[INSERT ORGANIZATION] Policies and Procedures Narcan (naloxone) Administration Protocols

PURPOSE:

To establish guidelines and procedures regarding the utilization and pre-hospital administration of nasal Naloxone by [INSERT ORGANIZATION] in order to reduce the number of fatalities which occur as a result of opioid overdoses

POLICY:

[INSERT ORGANIZATION] will thoroughly train and equip key staff to prepare for opioid overdose emergencies. It is the policy of [INSERT ORGANIZATION] for trained staff to administer, in accordance with state law and the Medical Control Physician's guidelines and oversight, to persons suffering from opioid overdose at the earliest possible time to minimize chances of a fatality

DEFINITIONS:

1. **Naloxone:** an opioid receptor antagonist and antidote for opioid overdose produced in intramuscular, intranasal and intravenous forms. Naloxone is specifically used to counteract life threatening depression of the central nervous system and respiratory system. Narcan is a brand name for intranasal Naloxone
2. **Opioids:** a class of drugs that interact with opioid receptors on nerve cells in the body and brain. Opioids include the entire family of opiates including natural, synthetic, and semi-synthetic forms. Opioids include drugs such as heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription such as oxycodone, hydrocodone and morphine
3. **Opioid Overdose:** an acute condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid or another substance with which an opioid was combined, or that a layperson would reasonably believe to be an opioid-related drug overdose that requires medical assistance
4. **Medical Control Physician:** a designated medical doctor who is licensed to practice medicine in [INSERT STATE]. [INSERT ORGANIZATION] shall periodically consult with the Medical Control Physician to review overall training, equipment, procedures, and changes to applicable laws related to this policy

GENERAL PROCEDURES:

1. [INSERT ORGANIZATION] shall deploy Naloxone in the following primary locations:
 - a. Location 1
 - b. Location 2
 - c. Location 3
2. [INSERT ORGANIZATION] shall appoint a Naloxone Coordinator to oversee the Naloxone Administration program. The Naloxone Coordinator's responsibilities will include:
 - a. Ensuring that all Naloxone kits are current and unexpired
 - b. Ensure proper and efficient deployment of Naloxone throughout the facility

- c. Ensure that authorized staff are appropriately trained in the use and storage of Naloxone
 - d. Ensure that any use of Naloxone on an overdose victim is documented in a Usage Report
 - e. Replace Naloxone kits that are damaged, unusable, expired, or used
3. Only staff trained in the use of Naloxone are authorized to administer Naloxone at **[INSERT ORGANIZATION]**.

PROCEDURES FOR USE:

1. Recognize the Signs of Opioid Overdose

Opioid High	Opioid Overdose
Relaxed muscles	Pale, clammy skin
Speech is slowed or slurred	Not breathing or very shallow breathing
Nodding off, appearing sleepy	Deep snorting or gurgling breaths
Still responsive to stimuli	Unresponsive to external stimuli
Normal heart beat/pulse rate	Slowed heart beat/pulse rate
Normal skin color	Cyanotic skin coloration (blue lips, etc.)
Smaller than usual pupils	Pinpoint pupils

- a. Suspected or confirmed opioid overdose consists primarily of:
 - i. Respiratory depression evidenced by slow respiration rate or no breathing
 - ii. Unresponsiveness to stimuli such as calling the victim’s name, shaking them, or performing a sternal rub
- b. Suspicion of opioid overdose can be based on:
 - i. Presenting symptoms
 - ii. Reports from bystanders
 - iii. Staff prior knowledge of the victim
 - iv. Nearby medications, illicit drugs or drug paraphernalia

2. Respond to the Opioid Overdose

- a. **Immediately call for emergency help – dial 911**
- b. Check the victim’s breathing. If needed, deliver first aid per your level of training

3. Reverse the Opioid Overdose

- a. **Administer Naloxone**
 - i. Administer Naloxone per the manufacturer’s instructions
 - ii. Once the victim resumes breathing normally, place them in the recovery position, lying on their side
 - iii. Stay with the victim until emergency medical help arrives to take over care

**[INSERT ORGANIZATION]
Naloxone Usage Report**

Details of Overdose

Employee Name: _____ **Report Date:** ____ / ____ / ____

Date of Overdose: ____ / ____ / ____ Time of Overdose: _____ AM PM

Location where overdose occurred: _____

Gender of the overdose victim: Male Female Unknown

Signs of overdose present: Unresponsive Slow Pulse No Pulse
 Breathing Slowly Not Breathing Blue Lips
Other: _____

What substances were involved in the overdose (present at the scene or suspected):
Heroin Oxycodone Hydrocodone Codeine
Morphine Fentanyl Benzos/Barbiturates Alcohol
Methamphetamine Cocaine/Crack Other: -

Details of Naloxone Deployment

Type of Naloxone used: intramuscular intranasal intravenous

Lot Number: _____ Expiration Date: ____ / ____ / ____

Number of doses used: _____ Did Naloxone work: Yes No Unknown

Victim's response to Naloxone: Responsive & alert Responsive & sedated No response

Did the victim live: Yes No Unknown

Post-Naloxone withdrawal symptoms (check all that apply): None Irritable or Angry
Nausea Muscle Aches Runny Nose Watery Eyes
Combative Vomiting Other: _____

Other medical action taken: Sternal Rub Rescue Breathing Compressions
AED Used Oxygen Used Other: _____

Disposition: Care transferred to EMS Other: _____

Notes/Comments: _____

Report prepared by: _____ **Signature:** _____

Naloxone Coordinator: _____ **Signature:** _____