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| SUBJECT: Naloxone Standing Order | REFERENCE: |
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| DEPARTMENT: Organization Wide | OF: 4 |
|  | EFFECTIVE: |
| APPROVED BY: Date:  Clinical Director | Supersedes: |

**Purpose**

To expand patient and community member access to nasal naloxone for reversal of life-threatening opioid overdose.

**Policy**

This serves as the Standing Order authorizing the dispensing and administration of naloxone nasal 4mg/0.1ml as indicated below:

* {*Insert pharmacy name}* Hospital pharmacists are authorized to order and dispense naloxone nasal 4mg/0.1ml to patients or community members under the prescriber name below.
* {*Insert pharmacy name}* Hospital nursing staff are authorized to educate on and order naloxone for patients or community members under the prescriber name below.
* Trained community members are authorized to administer naloxone nasal 4mg/0.1ml to individuals whom they believe in good faith are suffering from opioid overdose.

**Procedure**

**Pharmacists**

1. **Patient requests or pharmacist identifies patient that may benefit from naloxone.**

This may include patients in any of the following situations:

* + Recently rotated to a new opioid
  + Prescribed morphine equivalent daily (MED) dose of 50mg or more
  + On long-acting opioids particularly if in conjunction with short-acting opioids
  + Poly-substance use, which may include any of the following:
    - Prescription or illicit substances
    - Controlled or high-risk non-controlled substances (such as gabapentinoids)
  + Prescribed opioids greater than 30 days
  + Over the age of 65 years
  + Recent mandated substance use treatment, incarceration, or period of abstinence with history of drug abuse
  + Concurrent prescription or over-the-counter medications: benzodiazepines, antipsychotics, antiepileptics, muscle relaxers, hypnotics, and antihistamines
  + Any patient at risk of opioid overdose as determined by the pharmacist using his/her professional judgment
  + Proxies requesting the medication to administer to others

1. **Pharmacist screens for contraindications and discusses/reviews precautions.**

***Contraindications***

Hypersensitivity to naloxone or any component of the formulation

***Precautions***

* The effects of opioids may outlast the duration of action for naloxone. Activation of the emergency response system is advised to maintain patient safety.
* Some substances may require substantial and/or repeat doses of naloxone to reverse the effects of opioids.
* Severe opioid withdrawal symptoms may occur after naloxone administration. These may include any of the following:
  + - Body aches
    - Fever or sweating
    - Runny nose
    - Sneezing
    - Shivering
    - Nervousness/restlessness/irritability
    - Nausea/vomiting
    - Diarrhea/stomach cramps
    - Increased blood pressure and/or heart rate
  + Naloxone expires at dates indicated by the manufacturer, which are documented on each unit. Devices should be replaced prior to the time of expiration, and stored at temperatures indicated on packaging.
  + Naloxone is indicated for use in all age groups, but may bring harm to unborn babies in utero. Pregnant women receiving naloxone should be transported to a hospital for supportive care as soon as possible after naloxone administration.
  + Nasal naloxone is indicated for use in the nose only. Administration via any other route may result in negative outcomes.
  + Naloxone cannot be administered by a person who is experiencing an overdose, so it is vital to teach others how to administer the medication.

1. **Pharmacist provides patient education, demonstrates use of device, and verifies patient/proxy competency.**

Prior to dispensing naloxone, the pharmacist will:

* Strongly encourage the patient’s family member, caregiver, and/or friend to attend the appointment if naloxone at may be needed for self-use.
* Provide face-to-face overdose prevention education to include proper administration of nasal naloxone, rescue breathing, and the required immediate medical follow-up after proper use of naloxone.
* Provide handouts describing medication administration, steps to take in an emergency, and safe syringe use (when appropriate).
* Show designated educational video prior to initial dispensing when possible, although this is not required.
* Encourage the patient to identify a designated rescue person in case naloxone is needed for self-use, although they are not required to be present at the time of dispensing.
* Complete a brief assessment and offer assistance with referral to chemical dependency treatment where appropriate. This will also include discussion on safe syringe practices, soft skin and tissue infections, referral for antibiotics, and other harm reduction strategies if appropriate.
* Verify competency of the patient or proxy to ensure understanding at time of dispensing.
* Offer follow-up training or reinforcement by providing the pharmacy’s phone number for questions or concerns.

1. **Pharmacist enters order for naloxone, with standing order provider name on medication label.**

This will be run through the pharmacy outpatient medication processing system, labeled, and verified by a pharmacist. It will be signed out via approved pharmacy procedures.

1. **Pharmacists will document each encounter in the electronic medical record per approved pharmacy procedures.**

Any patient identified to potentially benefit from naloxone access whom declines the medication will have a naloxone refusal documented in their chart according to approved pharmacy procedures.

**Nursing**

1. **Patient requests or nurse identifies patient that may benefit from naloxone.**

This may include patients in any of the situations as listed above (see ‘Pharmacy’, item 1).

1. **Nurse screens for contraindications and discusses/reviews precautions as noted above (see ‘Pharmacy’, item 2).**
2. **Nurse provides patient education**

Prior to dispensing naloxone, the nurse may educate on the following:

* Strongly encourage the patient’s family member, caregiver, and/or friend to attend the appointment if naloxone at may be needed for self-use.
* Provide face-to-face overdose prevention education to include proper administration of nasal naloxone, rescue breathing, and the required immediate medical follow-up after proper use of naloxone.
* Provide handouts describing medication administration, steps to take in an emergency, and safe syringe use (when appropriate).
* Encourage the patient to identify a designated rescue person in case naloxone is needed for self-use, although they are not required to be present at the time of dispensing.
* Complete a brief assessment and offer assistance with referral to chemical dependency treatment where appropriate. This will also include discussion on safe syringe practices, soft skin and tissue infections, referral for antibiotics, and other harm reduction strategies if appropriate.

Pharmacy will verify competency at time of medication dispensing/release.

1. **Nurse enters order for naloxone, and directs patient to pharmacy.**

This will be run through the pharmacy outpatient medication processing system, labeled, and verified by a pharmacist with the standing order provider’s name as the prescribing physician. The medication will be signed out via approved pharmacy procedures, with competency verification prior to release.

1. **Nurse will document each encounter in the electronic medical record per approved procedures for standing orders.**
   * Pharmacy will document patient education per approved procedures as well.

**Standing Orders Authorization**

This policy shall remain in effect for all patients of the [INSERT FACILITY NAMER HERE] until rescinded.

**Authorizing Physician:**

[INSERT PROVIDER NAME HERE]

[INSERT ADDRESS HERE]

[INSERT CITY, STATE ZIP HERE]

[INSERT PHONE HERE]

[INSERT FAX HERE]

Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return form to**:

[INSERT FULL FACILITY ADDRESS HERE]

[INSERT PHONE; FAX NUMBERS HERE]