**Indian Health Service Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Background and Information**

**Purpose**

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

**Policy**

This serves as the Standing Order authorizing the ordering, dispensing and administration of naloxone as indicated below:

* {*Insert organization or pharmacy name}* Hospital pharmacists are authorized to order and dispense naloxone to patients or community members under the prescriber name below.
* {*Insert organization or pharmacy organization name}* Hospital nursing staff and other designated staff {*list positions or individual names here}* are authorized to order and educate on naloxone for patients or community members under the prescriber name below.
* First responders are authorized to administer naloxone to individuals whom they believe in good faith are suffering from opioid overdose (e.g., a person’s breathing has slowed or cannot be awakened).
* Patients or their proxies are often first responders and can be encouraged and permitted to carry and use naloxone.
* Other first responders may be designated to immediately respond to an emergency and may include law enforcement officers, fire department and Emergency Medical Workers, community representatives, or volunteers.

Naloxone is an opioid antagonist that rapidly reverses an opioid overdose. It attaches to opioid receptors and reverses and blocks the effects of other opioids.

**Procedure**

**Persons authorized above to order naloxone should follow these steps:**

1. Determine who would benefit from carrying naloxone:

**Generally**: People who have had a non-fatal opioid overdose, people who are taking high-dose opioid medications (greater or equal to 50 morphine milligram equivalents per day) prescribed by a doctor, people who use opioids and benzodiazepines together, people who use illicit opioids like heroin or fentanyl, and people who are likely to be the first responder to an overdose because they live with and/or care for others with overdose risks

1. **All patients presenting with a non-fatal opioid overdose in the emergency department, once stabilized**
2. **Other situations conferring enhanced risk for overdose: patients or proxies should carry naloxone if the patient:**

* Recently switched to a new opioid.
* Uses a long-acting opioid (codeine, hydromorphone, hydrocodone, oxycodone ER, oxymorphone ER, morphine ER, transdermal fentanyl, methadone, or buprenorphine); particularly if in conjunction with short-acting opioids.
* Is prescribed or uses a daily dose of 50mg or greater of Morphine equivalents.
* Is prescribed opiates or opioid use greater than 30 days.
* Has a history of or current polyopioid use.
* Is concurrently prescribed or uses OTC medication that could potentiate the life-threatening properties of opioid medications, such as benzodiazepines, antipsychotics, antiepileptic, muscle relaxers, hypnotics, and/or antihistamine use.
* Is older than 65 and receiving an opioid prescription.
* Lives in a household with people at risk of overdose, such as children and/or someone with a substance abuse disorder.
* May have trouble accessing emergency medical services (distance, remoteness, lack of transportation, homelessness, poor access to phone services)
* Is in mandated substance use treatment or has recently experienced incarceration or other period of abstinence with history of drug abuse.
* Is a caregiver for people in any of the above situations
* Staff authorized to order naloxone can recommend Naloxone access using his/her professional judgment.

1. Consider contraindications

* Persons who had an allergic reaction to naloxone

1. Place the order with the pharmacist
2. Pharmacist fills the order and include the standing order provider name on medication label
3. Provide the naloxone tool kit for the person/proxy or instruct them on where to pick up the naloxone
4. Provide and document patient and proxy (strongly encouraged to be present) education including:

* Naloxone should be given to any person who shows signs of an opioid overdose or when an overdose is suspected. Possible signs include unconsciousness, very small pupils, slow or shallow breathing, vomiting, an inability to speak, faint heartbeat, limp arms and legs, pale skin, purple lips, and fingernails
* Proper administration of nasal naloxone, rescue breathing, and the required immediate medical follow-up after proper use of naloxone
* Handouts describing medication administration and steps to take in an emergency
* Show educational video prior to initial dispensing when possible
* Encourage the patient to identify a designated rescue person in case naloxone is needed for self-use
* Precautions
* The effects of opioids may outlast the duration of action for naloxone which is 30-90 minutes. People should still call 911 immediately in the event of an overdose.
* Some substances may require substantial and/or repeat doses of naloxone to reverse the effects of opioids.
* People with physical dependence on opioids may have withdrawal symptoms within minutes after they are given naloxone. Withdrawal symptoms might include headaches, changes in blood pressure, rapid heart rate, sweating, nausea, vomiting, and tremors. While this is uncomfortable, it is usually not life threatening. The risk of death for someone overdosing on opioids is worse than the risk of having a bad reaction to naloxone
* 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 should be used in pregnant women in the case of maternal overdose in order to save the woman’s life. This may contribute to fetal stress so pregnant women receiving naloxone should be transported to a hospital for supportive care as soon as possible after naloxone administration.

1. Staff authorized to order naloxone will document each encounter in the electronic medical record per approved pharmacy procedures.
2. For people that have had a non-fatal opioid overdose and present for aftercare in the ED, staff should also refer to the {*Insert name of guidance or policy document here, such as Post Opioid Overdose Resuscitation & Aftercare Clinical Guidance*} which includes additional information on medical screening exam, stabilization, emergency treatment, and referrals to treatment as appropriate, along with provision of naloxone and additional education on opioid use disorder.

**Standing Orders Authorization**

This policy shall remain in effect for all patients of the [INSERT FACILITY NAME 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]