MaineHealth

Protocol: Administration of Intranasal Naloxone to any person suspected of an Opioid Overdose in an Ambulatory Setting

- **PURPOSE:** This protocol provides guidance for the administration of intranasal naloxone by MaineHealth clinical staff in case of a suspected opioid overdose in an ambulatory setting. The indication for naloxone is opioid-induced respiratory depression. The goal of care is to improve ventilation and oxygenation without precipitating acute withdrawal.

  Assessment for the need to administer this emergency medication can only be performed by licensed clinical staff*.

  A qualified member of the clinical staff may administer the first dose of naloxone after the assessment has been completed.**

  *Licensed clinical staff includes Physicians, APPs, Pharmacists, and RNs.

  **Clinical staff includes LPNs and MAs in addition to the licensed clinical staff listed above.

- **POLICY:** Intranasal naloxone is made available to licensed clinical staff to administer in the event of a suspected opioid overdose of a patient on the premises. This policy defines the ordering, storage and administration of naloxone. The signs and symptoms of opioid overdose which would indicate the need to administer naloxone are reviewed in this policy. This policy applies to any adult or pediatric patient or person in those practices that currently stock intranasal naloxone.

- **Signs of opioid overdose include:**
  - Depressed respiratory rate or abnormal character of breathing (apnea, shallow breathing, etc.)
  - Miotic (pinpoint) pupils
  - Depressed mental status
  - Bradycardia
  - Cold, clammy skin
  - Cyanosis

- **PROCEDURES:**

I. Ordering/Storing naloxone:

A. Any MaineHealth ambulatory office is able to administer naloxone in the case of emergency.
B. Naloxone is obtained from the hospital pharmacy through floor stock ordering. **A minimum of two doses of naloxone will be maintained on site.**
C. Naloxone is secured in the locked medication room at each practice and stored according to policy and manufacturer recommendations.
D. Naloxone may be obtained after the practice has received appropriate training and completion of a competency.

II. Administering Naloxone:

A. If an individual demonstrates signs of opioid-related overdose, the emergency response system will be contacted immediately by calling 911. A provider (MD, DO or APP) will then be notified. Assessment of the suspected overdose is performed by Licensed Clinical Staff.

B. BLS and basic first aid will be initiated. Note that there is no clinical benefit in the use of naloxone in cardiac arrest. CPR should be prioritized. Oxygen is administered via face mask at 6-8 liters/minute. Monitor oxygen saturation for effectiveness.

C. The indication for naloxone is opioid-induced respiratory depression. The goal of care is to improve ventilation and oxygenation without precipitating acute withdrawal.

D. Naloxone is administered by a provider, registered nurse, pharmacist, LPN, or MA per Standing orders for administration of intranasal naloxone.

E. If there is no response, or only a partial response, to the first dose of naloxone after 5 minutes, a second dose may be administered by a provider into the alternate nostril. Please note that the timing of the second dose is different than the package insert. Partial response would be indicated by lack of return to normal respiratory rate and should be determined by re-assessment by a provider. A maximum of 2 doses (8 mg) of naloxone may be given.

F. The administration of and response to naloxone is recorded in a clinical flowsheet if the person is a patient.

G. The patient will be continuously monitored, including oxygen saturation, until emergency responders arrive.

H. Naloxone will wear off after 30-90 minutes. It is recommended that the patient be immediately transported to the hospital for further monitoring.

I. Patients who are revived from opioid overdose may regain consciousness in an agitated and combative state and exhibit symptoms of withdrawal. The risk of agitation increases with additional naloxone doses.

III. Documentation:

A. Standing orders for Naloxone will be accessed for ordering through the eMR. The clinical staff will note use of the standing orders within the progress note. The clinical staff will place order and document the administration of naloxone per standing orders and associate the problem/diagnosis if person is located in the electronic medical record.

B. Post administration, the clinical staff will document the reason for the administration, the medication details (name, dose, route) and the patient's response in the medical record. (S)he will also document all monitoring of the patient as well as the patient's disposition.

C. Documentation of this incident will be entered in the organizational patient event reporting system.

IV. Staff Competency and Training:

A. All clinical staff and providers shall receive training regarding recognizing the signs of opioid-related overdose, how naloxone works, duration of effect, potential side effects, the proper administration of naloxone and monitoring and documentation requirements post administration. Documentation of this training will be maintained.

B. Clinical staff will demonstrate competency by participating in an overdose drill annually.