**[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:
   1. Location 1
   2. Location 2
   3. Location 3
2. [INSERT ORGANIZATION] shall appoint a Naloxone Coordinator to oversee the Naloxone Administration program. The Naloxone Coordinator’s responsibilities will include:
   1. Ensuring that all Naloxone kits are current and unexpired
   2. Ensure proper and efficient deployment of Naloxone throughout the facility
   3. Ensure that authorized staff are appropriately trained in the use and storage of Naloxone
   4. Ensure that any use of Naloxone on an overdose victim is documented in a Usage Report
   5. 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 |

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

1. **Respond to the Opioid Overdose**
   1. **Immediately call for emergency help – dial 911**
   2. Check the victim’s breathing. If needed, deliver first aid per your level of training
2. **Reverse the Opioid Overdose**
   1. **Administer Naloxone**
      1. Administer Naloxone per the manufacturer’s instructions
      2. Once the victim resumes breathing normally, place them in the recovery position, lying on their side
      3. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Report prepared by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Naloxone Coordinator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_