Thames Valley
Family Health Team

Medical Directive

Title:	**Naloxone Administration**	**Assigned Number:**	**025**
Activation Date:	**January 1, 2019**	**Review due by:**	**December 1, 2020**

Approval Signature & Date

Medical Director: _____ Date Revised: January 1, 2019

Executive Director: _____ Date Revised: January 1, 2019

Order and/or Delegated Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**
Suspected Opioid Overdose	

Recipient Patients:	**Appendix Attached:** ☒ **Yes** ☐ **No** **Title:** Appendix 2 Authorizer Approval Form
All active patients of TVFHT physicians, identified on the attached Authorizer Approval Form (Appendix 2), who have a suspected opioid overdose by Registered Nurses	

Authorized Implementers:	**Appendix Attached:** ☒ **Yes** ☐ **No** **Title:** Appendix 1 Implementer Approval Form Appendix 8 Implementer Readiness Approval Form

Thames Valley FHT Registered Nurses (RN)*

* The implementing RN must receive orientation from the authorizing physician, with regards to the task. The RN and authorizing physician must sign the Implementer Performance Readiness Form (Appendix 8) after successful completion of the orientation. Following review of this directive, the Implementer Approval Form (Appendix 1) must be signed by the RN indicating acceptance of this medical directive.

Indications:	**Appendix Attached:** ☒ **Yes** ☐ **No** **Title:** Appendix 3 Subjective and Objective Assessment of Opioid Overdose

1. Known opioid overdose
2. Suspected Opioid overdose including any of the following symptoms:
   - Decreased LOC
   - Pinpoint Pupils (Note: pinpoint pupils alone is not sufficient to infer opioid intoxication)
   - Respirations <10-12/min
   - Gurgling or snoring type sounds
   - Slow, erratic or absent heart rate
   - Cold and clammy skin (may appear cyanotic (blueish) especially around the lips +/- nailbeds in individuals with lighter skin; individuals with darker skin may be grayish)

Contraindications:

- Injectable Naloxone is considered safe for everyone unless there is a reason to believe a person has a previous allergy (or hypersensitivity) to naloxone.
- However, Health Canada has stated that the use of Naloxone in the form of nasal spray may not be appropriate for young children and pregnant women.

***http://www.health.gov.on.ca/en/pro/programs/drugs/naloxone/naloxone_faq.aspx**

Consent:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

1. Patients of Thames Valley FHT Family Physicians
2. RN attempts to obtain verbal consent from the patient (if patient conscious) or Substitute Decision Maker (SDM) (if present) prior to the implementation of care. Knowing this is a life-saving procedure, consent can be implied if patient or SDM is unavailable to verbally consent

Guidelines for Implementing the Order / Procedure:	**Appendix Attached:** ☒ **Yes** ☐ **No** **Title:** Appendix 4 SAVE ME Protocol, Appendix 5 Ontario Pharmacists' Association Naloxone Kit requirements Appendix 6 Information on Naloxone Appendix 7 Narcan Nasal Spray Instructions for Use

Patients who meet the **indications** above.

1. **Call for assistance from co-workers**

2. **Stimulate**
   Try to arouse patient by touch (i.e. shaking shoulders) or by noise (i.e. calling their name or talking loudly). If trained, perform a sternal rub.

3. **Assess Airway**
   Call 911 in individuals that are minimally or non-responsive that are unable to protect airway. Patient's head should be tilted back. Their airway should be checked and obstructions removed.

4. **Ventilate**
   Provide supplemental oxygen, if available, or provide rescue breathing (mask provided in naloxone kit).

5. **Evaluate**
   Patient should be checked for pulse. If pulse is absent CPR should be started.

6. **Medication**
   Administer naloxone by nasal spray
   DO NOT PRIME the device. Place patient onto their back. Place hand on back of patient's neck to support and tilt the head. Place index and middle fingers on either side of the device and gently insert it into the patient's nose until fingers are beside the nose. Firmly push the plunger using the thumb. Remove the device

   Administer naloxone by **Intramuscular** injection into the **thigh** or **shoulder**.
   Wipe area, if possible with alcohol swab, and let air dry. Place plastic sleeve over amp. Holding the ampule base securely between your thumb and index finger of your non-dominant hand. With your dominant hand, place your thumb at the base of the plastic plunger (which should be near the scored portion of the ampule neck) and your index finger near the top. Using your thumb push into the vial and pull toward you with your index finger (like you are snapping the neck of the vial). Draw up 1 ml (0.4mg) with the syringe provided in the kit. Administer the dose by intramuscular injection

7. **Evaluate**
   Assess patients breathing, pulse, and responsiveness. Continue CPR and/or rescue breathing if indicated. Place patient into recovery position if patient has pulse and is breathing on their own.

   Give a second dose after 2-5mins if patient remains minimally or non-responsive and unable to protect airway

NOTE:

- The second dose of Naloxone nasal spray should be given in opposite nostril.

- Naloxone's duration action is **shorter** than an opioids. EMS should be called as individuals must be observed until opioid effect has worn off or they are at high risk for a secondary overdose.

	Appendix Attached: ☐ **Yes** ☒ **No** **Title:**

1. Documentation in the patient's medical record needs to include: name and number of the directive, name of the implementer (including credential), and name of the physician/authorizer responsible for the directive and patient. Specific site of injection must also be noted. Medication **Lot Number and Expiration Date** must be documented.
2. Information regarding implementation of the procedure and the patient's response should be documented in accordance with standard documentation practice.*

* Potter, P.A. & Perry, A.G. (2006). Fundamentals of Nursing. St. Louis: Mosby.
College of Nurses of Ontario (2008). CNO Practice Standard: Documentation

Review and Quality Monitoring Guidelines:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

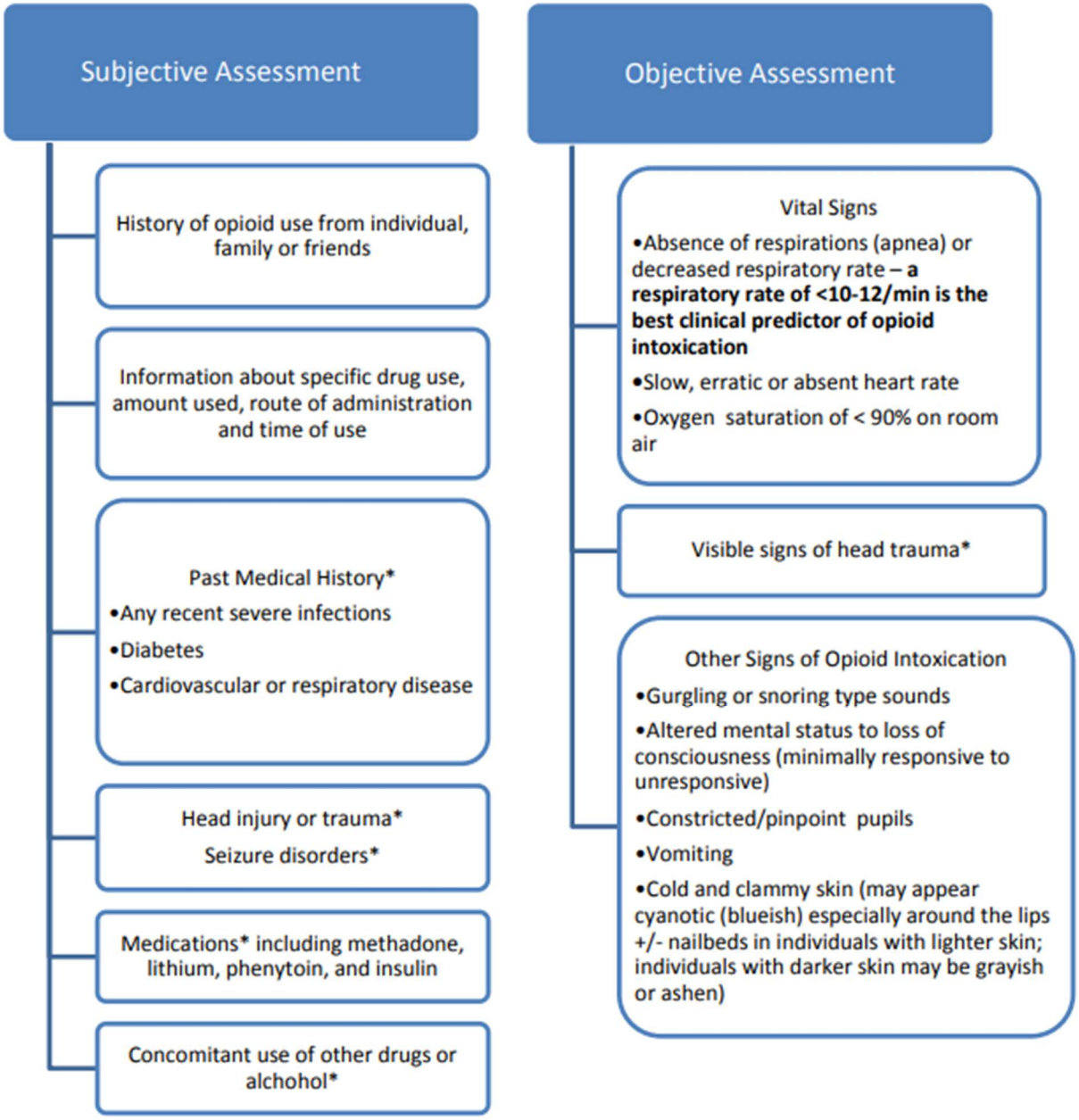
The Directive remains in force until and unless amendment occurs. In the case the Medical Director identifies the need to change the Medical Directive, at least one TVFHT member of the implementing discipline will be consulted. Review will occur biennially or if the following situations occur:

1. At any such time that issues related to the use of this directive are identified, the team must act upon the concerns immediately by identifying these concerns to the Medical Director. The Medical Director will review these concerns and consult with at least one TVFHT member of the implementing discipline, before necessary changes are made.
2. If new information becomes available between routine renewals, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the Medical Director and a minimum of one implementing RN.

Approving Physician(s)/Authorizer(s):	**Appendix Attached:** ☒ **Yes** ☐ **No** **Title:** Appendix 2 – Authorizer Approval Form

1. TVFHT Family Physician Authorizer Approval Form (Appendix 2).

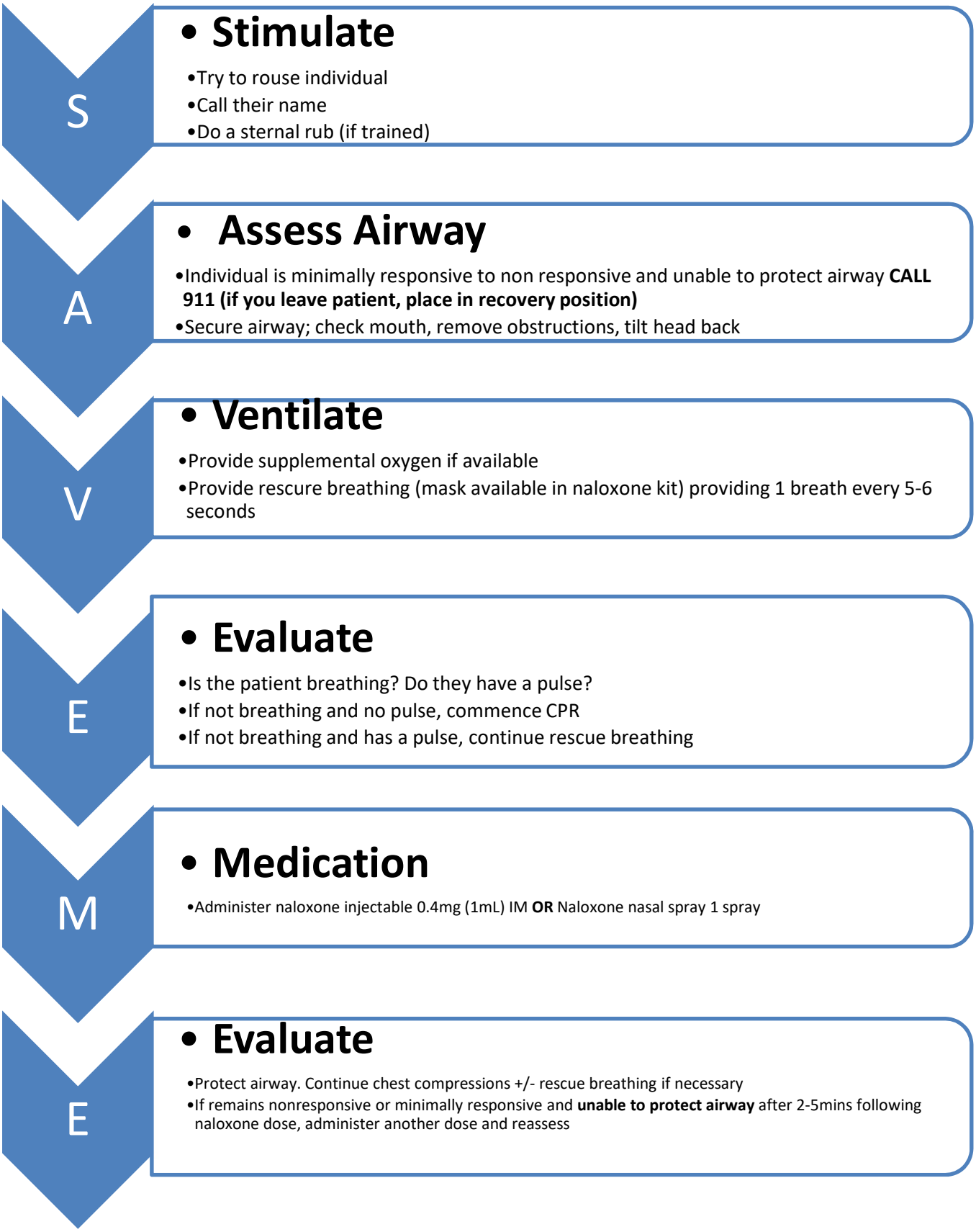
Appendix 3
Subjective and Objective Assessment of Opioid Overdose



*THESE COMPLICATE MANAGEMENT AND TRIGGER MORE RAPID REFERRAL TO HOSPITAL.

Reference: BCCDC Decision Support Tool: Administration of Naloxone

Appendix 4
SAVE ME Protocol



Reference: BCCDC Decision Support Tool: Administration of Naloxone

Appendix 5
Ontario Pharmacists' Association Naloxone Kit requirements

Each intra-nasal naloxone spray kit must include:	Each injectable naloxone kit must include:
(1) - Hard case	(1) - Hard case
(2) - Doses of Narcan® Nasal Spray (4 mg/0.1ml)	(2) - 1 ml ampoules or vials of naloxone hydrochloride 0.4 mg/ml injection
(1) - Rescue breathing barrier	(2) - Safety engineered syringes with 25g, 1″ needles attached
(1) - Pair of non-latex gloves	(2) - safe ampoule-opening devices (also known as breakers, snappers, or openers), as applicable
(1) - Card that identifies the person who is trained to give the naloxone	(1) - Rescue breathing barrier
(1) - Updated instructional insert (English) OR (1) - Updated instructional insert (French)	(1) - Pair of non-latex gloves
	(1) - Card that identifies the person who is trained to give the naloxone
	(1) - Updated instructional insert (English) OR (1) - Updated instructional insert (French)
In addition, OPA recommends:	In addition, OPA recommends:
(1) - Belt clip	(1) - Belt clip

Reference: OPA Naloxone Kit Supplies List (https://www.opatoday.com/professional/naloxone_kit_tools)

Appendix 6

Information on Naloxone

Indication	Indicated for emergency use to reverse known or suspected opioid overdose
Contraindications	Injectable naloxone is considered safe for everyone unless there is a reason to believe a person has a previous allergy/hypersensitivity to naloxone or other ingredient in formulation Health Canada has advised that the use of Narcan Nasal spray may not be appropriate for young children or pregnant women
Dose	IM: 0.4mg Nasal Spray: 4mg (1 spray) *Note: Do **NOT** prime nasal spray as there is only 1 spray per device. If partial response or insufficient response to initial dose a subsequent dose can be given. Each dose should be administered 2-5mins apart until EMS arrives or patient is able to breathe on their own.
Onset	2-5mins
Duration of Action	Variable (20-120mins) Patient needs to be assessed and monitored at hospital for reoccurrence of opioid overdose due to the duration of opioids compared to naloxone.
Side effects	Abrupt reversal of opioid depression may result in: **CNS** Excitation **GI** Nausea Vomiting Diarrhea Cramping **Cardiovascular** Tachycardia Hypertension Arrhythmias **Skin** Sweating Tremulousness **Emotional state** Irritable Agitated Confused/startled **Other** Pain/pain crisis (if opioid used for pain management)
Special Considerations	Naloxone is not effective in counteracting depression due to barbiturates, tranquilizers, psychostimulants, alcohol, or other non-opioid anesthetics or sedatives Naloxone's duration action is **shorter** than an opioids. EMS should be called as individuals must be observed until opioid effect has worn off. Longer acting opioids such as methadone can have effects that last approximately 62hrs in some individuals
Storage	Store between 15ºC to 30ºC. Keep away from light

Appendix 7

Narcan Nasal Spray Instructions for Use

NARCAN® (naloxone HCl) NASAL SPRAY 4mg

Instructions for Use

Opioid Overdose Response Instructions

NARCAN™ Nasal Spray is a pure opioid antagonist indicated for emergency use outside of a hospital to reverse known or suspected opioid overdose, as manifested by respiratory and/or severe central nervous system depression.

NARCAN™ Nasal Spray can be administered by a bystander (non-healthcare professional) before emergency medical assistance becomes available, but it is not intended to be a substitute for professional medical care. Emergency medical assistance (calling 911) should be requested immediately when an opioid overdose is suspected, before administering naloxone.

Important: For use in the nose only.
Do not remove or test the NARCAN™ Nasal Spray until ready to use.

1 Identify Opioid Overdose

Call for Emergency Medical Help

Check for signs of an opioid overdose:

- Person DOES NOT wake up after you shout, shake their shoulders, or firmly rub the middle of their chest
- Breathing is very slow, irregular or has stopped
- Centre part of the eye is very small, like a pinpoint

Call 911 or ask someone to call for you.

Lay the person on their back.

2 Give NARCAN™ Nasal Spray

Remove device from packaging. **Do not test the device.** There is only one dose per device.

Tilt the person's head back and provide support under their neck with your hand.

Hold the device with your thumb on the bottom of the plunger. Put your first and middle fingers on either side of the nozzle.

Gently insert the tip of the nozzle into one nostril. Your fingers should be right up against the nose. If giving to a child, make sure the nozzle seals the nostril.

Press the plunger firmly with your thumb to give the dose.

Remove the device from the nostril.

3 Evaluate and Support

Move the person on their side (recovery position). Watch them closely.

Give a second dose after 2 to 3 minutes if the person has not woken up or their breathing is not improved. **Alternate nostrils with each dose.**

You can give a dose every 2 to 3 minutes, if more are available and are needed.

Perform artificial respiration or cardiac massage until emergency medical help arrives, if you know how and if it is needed.

For more information on NARCAN™ Nasal Spray, visit **narcannasalspray.ca**

ADAPT PHARMA

References:

BC Centre for Disease Control. BCCDC Decision Support Tool: Administration of Naloxone. http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/NaloxoneDSTUseforRN.pdf. Accessed Dec 24, 2018

CPS [Internet]. Ottawa (ON): Canadian Pharmacists Association; c2016 [cited Dec 24, 2018]. Naloxone [product monograph]. Available from: http://www.e-therapeutics.ca

CPS [Internet]. Ottawa (ON): Canadian Pharmacists Association; c2016 [cited Dec 24, 2018]. Narcan [product monograph]. Available from: http://www.e-therapeutics.ca

Klaiman, Michelle. Take-Home Naloxone in Community Pharmacy. Ontario Pharmacist Association. Presentation archived at https://opa.litmos.com/course/1842166/module/4476645/Scorm?LPId=0. Accessed Dec 24, 2018.

Naloxone. Lexicomp. Wolters Kluwer Health, Inc. Riverwoods, IL. Available at: http://online.lexi.com. Accessed Dec 24, 2018.

Ontario Pharmacists' Association. Take-Home Naloxone Kit Supplies List. Available at https://www.opatoday.com/professional/naloxone_kit_tools. Accessed Dec 24, 2018