Thames Valley
Family Health Team

Medical Directive

Title:	**Naloxone Administration**	**Assigned Number:**	**025**
Activation Date:	**January 1, 2019**	**Review due by:**	**December 2025**

Approval Signature & Date

Medical Director: _____ Date Revised: Feb 23, 2024

Clinical Services Director: _____ Date Revised: Feb 23, 2024

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

Suspected Opioid Overdose

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

All active patients of Thames Valley Family Health Team, and all persons present on TVFHT sites or affiliated locations who have a suspected opioid overdose and require emergency treatment by Registered Nurse/Registered Practical Nurse and Registered Pharmacists

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

Thames Valley Family Health Team Registered Nurses, Registered Practical Nurses (RN/RPN) and Registered Pharmacists (RPh)* herein referred to as implementer.

The implementer must receive orientation from the Educator with regards to the task. The implementer must have completed orientation and educational requirements of the Naloxone Administration medical directive. The implementer must sign the Implementer Performance Readiness Form electronically via HR Downloads after successful completion of the orientation (and quiz, if applicable) indicating acceptance of this medical directive

Indications:	**Appendix Attached:** ☒ **Yes** ☐ **No** **Title:** Appendix 28 Subjective and Objective Assessment of Opioid Overdose

1. Known opioid overdose
2. Suspected Opioid overdose including any of the following symptoms:
   - Decreased level of consciousness
   - Pinpoint Pupils (Note: pinpoint pupils alone are not sufficient to infer opioid intoxication)
   - Respirations less than 10-12 per minute, or slow, irregular or absent breathing
   - 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:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

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. The implementer 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 29 SAVE ME Protocol Appendix 31 Information on Naloxone Appendix 32 Narcan Nasal Spray Instructions for Use

Patients who meet the **indications** above.

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

2. **Stimulate**
   Try to rouse the 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

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

5. **Evaluate**
   The 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 a hand on the 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 (vastus lateralis)** or **shoulder (deltoid)** or **buttock (gluteal)**. Naloxone can be administered through clothing if needed (e.g., pants if administering in the thigh).
   Wipe the area, if possible, with an alcohol swab, and let air dry. Place plastic sleeve over the ampoule. Holding the ampoule 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 the 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 the opposite nostril.
   - Naloxone's duration action is **shorter** than opioids. EMS should be called as individuals must be observed until opioid effects have worn off as they are at high risk for a secondary overdose.

Documentation and Communication:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

1. Documentation in the patient's medical record needs to include the 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(s) 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:**

1. The Directive remains in force until and unless amendment occurs. Review will occur biennially. In case the Medical Director identifies the need to change the Medical Directive, at least one TVFHT member of the implementing disciplines will be consulted.
2. 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 disciplines, before necessary changes are made.
3. 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 TVFHT member of the implementing disciplines.

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

Authorizer Approval Form signed in HR Downloads by Medical Director.

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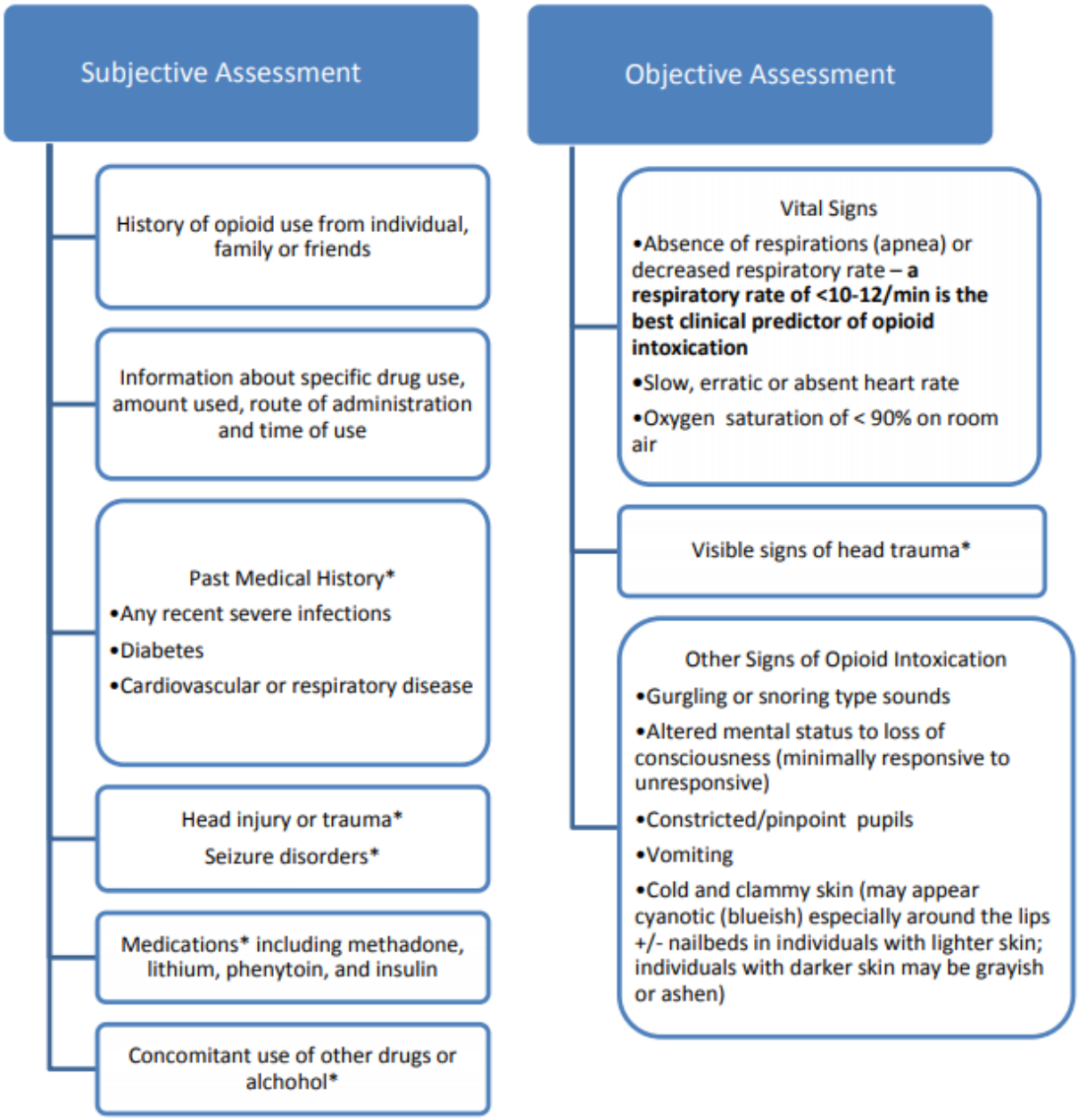
Appendix 28 - Subjective and Objective Assessment of Opioid Overdose



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

Reference: First Nations Health Authority: Decision support tool for the use of naloxone HCl.

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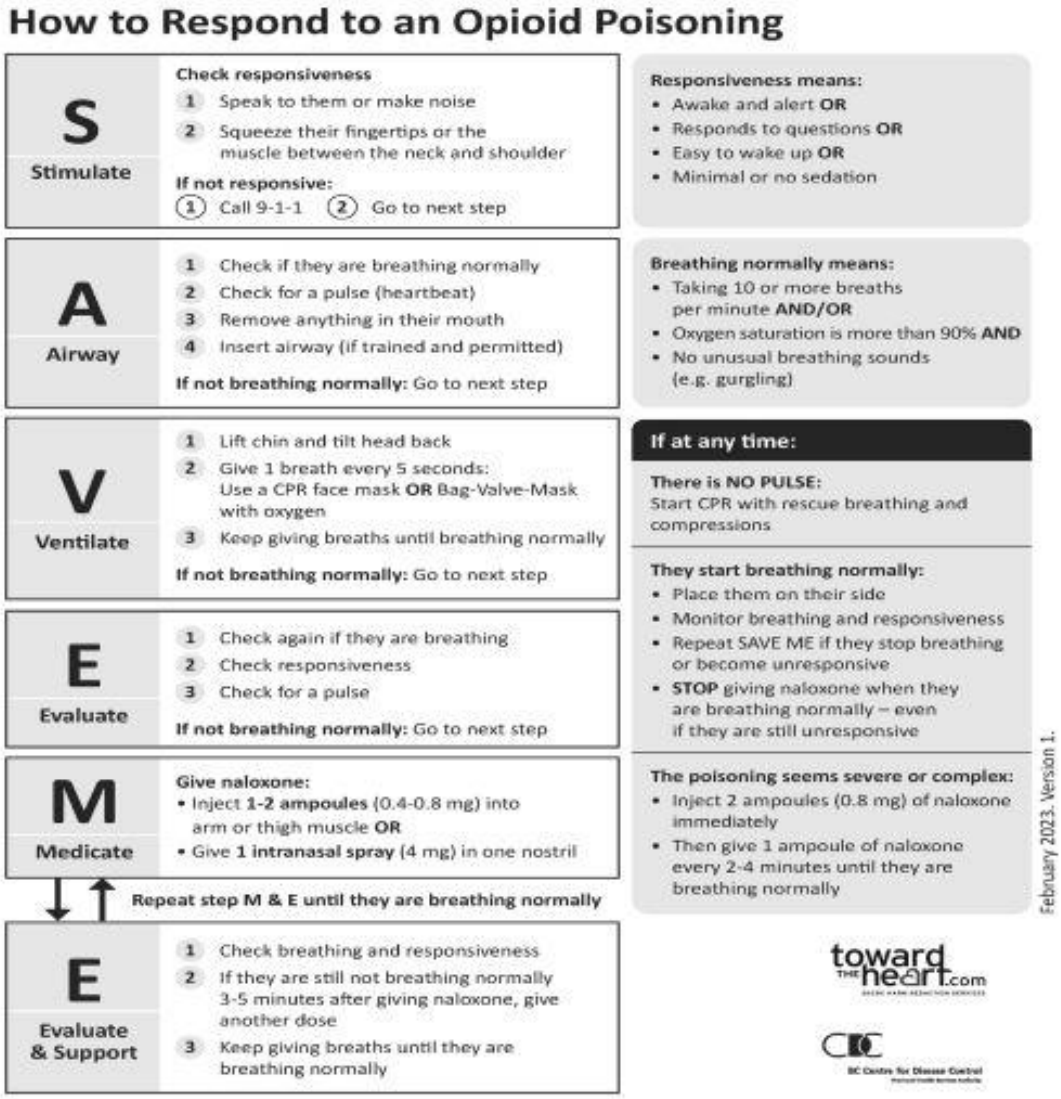
Appendix 29 - SAVE ME Protocol

SAVE ME Flowchart



Reference: BCCDC Decision Support Tool: Administration of Naloxone

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Appendix 30 - Ministry of Health (Ontario) Naloxone Kit Requirements

<table>
<tr><th colspan="2">Each Intra-nasal Naloxone Spray Kit must Include:</th><th colspan="2">Each Injectable Naloxone Kit must Include:</th></tr>
<tr><td colspan="2">(1) - Hard case</td><td colspan="2">(1) - Hard case</td></tr>
<tr><td colspan="2">(2) - Doses of naloxone hydrochloride (4 mg/0.1ml)</td><td colspan="2">(2) - 0.4mg/1 mL ampoules or vials of naloxone hydrochloride</td></tr>
<tr><td colspan="2">(1) - Rescue breathing barrier</td><td colspan="2">(2) - Safety engineered syringes with 25g, 1″ needles attached</td></tr>
<tr><td colspan="2">(1) - Pair of non-latex gloves</td><td colspan="2">(2) - Safe ampoule-opening devices (also known as breakers, snappers, or openers), as applicable

(2) - Alcohol swabs</td></tr>
<tr><td colspan="2">(1) - Card that identifies the person who is trained to give the naloxone</td><td colspan="2">(1) - Rescue breathing barrier</td></tr>
<tr><td>(1) - Updated instructional insert (English)</td><td>OR (1) - Updated instructional insert (French)</td><td colspan="2">(1) - Pair of non-latex gloves</td></tr>
<tr><td colspan="2" rowspan="2"></td><td colspan="2">(1) - Card that identifies the person who is trained to give the naloxone</td></tr>
<tr><td>(1) - Updated instructional insert (English)</td><td>OR (1) - Updated instructional insert (French)</td></tr>
</table>

Reference: Ministry of Health (Ontario) Naloxone kit supplies list. (Naloxone - Drugs and Devices - Health Care Professionals - MOH (gov.on.ca))

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Appendix 31 - 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	Intramuscular: 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 recurrence 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 opioid. 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

NARCAN Nasal Spray Product Monograph

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Appendix 32 - Narcan Nasal Spray Instructions for Use

Instructions for Use

NARCAN® Naloxone HCl NASAL SPRAY 4 mg

Step 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 their eye is very small, like a pinpoint.

Call 911 or ask someone to call for you.

Lay the person on their back.

Step 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.

Step 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.**

Note: Each NARCAN® Nasal Spray device contains only one dose; use a new device for each additional 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 a list of serious warnings, precautions and contraindications, refer to the product monograph.

References:

BC Centre for Disease Control. BCCDC Decision Support Tool: Administration of Naloxone. Administering Naloxone DST April 5 2023.pdf (bccdc.ca) Accessed September 13, 2023

CPS [Internet]. Ottawa (ON): Canadian Pharmacists Association; c2016 [cited Sept. 13, 2023]. Naloxone [product monograph]. Available from: http://www.e-therapeutics.ca

CPS [Internet]. Ottawa (ON): Canadian Pharmacists Association; c2016 [cited Sept. 13, 2023]. Narcan [product monograph]. Available from: http://www.e-therapeutics.ca

First Nations Health Authority. Decision Support Tool (DST) for the use of naloxone HCl in the management of suspected opioid overdose in outreach and harm reduction settings. Available from:

Naloxone. Lexicomp. Wolters Kluwer Health, Inc. Riverwoods, IL. Available at: http://online.lexi.com. Accessed Sept. 13, 2023

Ministry of Health – Health Programs and Delivery Division. Naloxone. Available at Naloxone - Drugs and Devices - Health Care Professionals - MOH (gov.on.ca) Accessed Sept. 13, 2023