**[INSERT ORGANIZATION] Policies and Procedures**

**Naloxone Administration Protocols**

**PURPOSE:**

To establish guidelines and procedures regarding the utilization and 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 train and equip staff to prepare for opioid overdose emergencies. It is the policy of [INSERT ORGANIZATION] for staff to administer naloxone as quickly as possible to people potentially experiencing an opioid overdose.

**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.
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

**GENERAL PROCEDURES:**

1. [INSERT ORGANIZATION] shall store naloxone in the following primary locations:
   1. Location 1
   2. Location 2
   3. Location 3
2. [INSERT ORGANIZATION] shall appoint a staff person to oversee the naloxone administration program. This person’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 staff are trained in the use and storage of naloxone
   4. Ensure that any use of naloxone on an overdose victim is documented
   5. Replace naloxone kits that are damaged, unusable, expired, or used

**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, 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of Naloxone Deployment**

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

Other emergency response action taken:

🞏Sternal Rub

🞏Rescue Breathing

🞏Compressions

🞏AED Used

🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏Care transferred to EMS

Notes/Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Report reviewed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_