**Naloxone Standing for Walworth County Drug and Alcohol Coalition**

**SUBJECT:**

Standing Order for Walworth County Drug and Alcohol Coalition and/or Recovery Coaches/Peer Support Specialist or contracted staff for Naloxone Dispensing for Opioid Overdose Prevention

**EFFECTIVE DATE:**

March 2, 2021

**EXPIRATION OF STANDING ORDER:**

The naloxone standing order must be renewed two years from the start date

**APPROVED FOR USE AS A POPULATION-BASED STANDING ORDER BY:**

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**PURPOSE:**

This standing order delegates authority to Walworth County Drug and Alcohol Coalition staff and contracted staff and outlines the policies and procedures necessary for dispensing naloxone without a prescription to patients at risk of an opioid overdose or to individuals in a position to assist the patient at risk for overdose.

**POLICY:**

This standing order authorizes Walworth County Drug and Alcohol Coalition staff and contracted staff to maintain supplies of naloxone kits for the purposes of dispensing to an individual at risk for an opioid overdose, or to an individual in a position to assist a person at risk for overdose.

This standing order covers the possession and dispensing of naloxone kits, to include naloxone hydrochloride, intramuscular syringes or nasal spray devices/atomizers and other required supplies for naloxone administration.

This standing order will be renewed annually.

**AUTHORITY:**

This standing order is issued pursuant to Wis. Stat. § 448.037, which permits physicians and physician assistants to issue a standing order to one or more persons authorizing the dispensing of an opioid antagonist. This standing order authorizes Satori House Recovery staff and contracted staff to dispense naloxone and devices for naloxone administration pursuant to following the procedures outlined herein. Unlimited refills are authorized.

**PROCEDURES:**

**1. Standing order compliance requirements:**

a. A copy of the standing order signed by a Wisconsin licensed physician must be maintained on file and be readily retrievable at ­­­­­­­­­­­­­ 12 S. Wisconsin Elkhorn, WI 53121.

b. Participating nurses, staff and contracted staff must complete a training related to naloxone dispensing and administration and pass a Post Training evaluation with 80% or higher accuracy.

c. Walworth County Drug and Alcohol Coalition or Manager must sign the standing order to attest that all dispensing staff have completed the required training and are familiar with naloxone rescue kits and the patient education materials.

d. The dispensing staff must educate the patient and distribute the patient education materials at the time of dispensing.

**Naloxone HCI Dispensing Protocol**

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| **Clinical Pharmacology Description** | Naloxone is indicated for the complete or partial reversal of opioid overdose induced by natural or synthetic opioids and exhibited by respiratory depression or unresponsiveness. **It may be delivered as intranasal or intramuscular.** | | | |
| **Eligible Candidates** | People who voluntarily request naloxone may include:   * Any individual who is at risk of experiencing an opioid-related overdose. * Any family member, friend, or other person who may assist an individual at risk for an opioid-related overdose. * Any trained Professional First Responder trained to assist an individual at risk for an opioid-related overdose,   The following are additional individuals to offer naloxone to:   * Take prescription narcotic pain relievers for more than three months. * Take methadone or buprenorphine (Suboxone or Subutex) for treatment of opioid use disorder. * Have experienced a previous non-fatal opioid overdose. * Have a history of nonmedical opioid use. * Take a higher-dose (> 90 mg morphine equivalent/day) opioid prescription. * Receive any opioid prescription for pain, plus:   + Smoking, COPD, emphysema, asthma, sleep apnea, respiratory infection, other respiratory illness.   + Renal dysfunction, hepatic disease, cardiac illness, HIVAIDS.   + Have concurrent prescription for benzodiazepines.   + Have concurrent prescription for Selective Serotonin Reuptake Inhibitor (SSRI) or Tricyclic antidepressant.   + Have difficulty accessing emergency medical services (distance, remoteness). * Have a family member, friend, co-worker that meets any of the above. * Report no known contraindication, sensitivity, or allergy to naloxone hydrochloride. If contraindication exists, refer individual to medical provider for evaluation. * Are oriented to person, place, and time and able to understand and learn the essential components of overdose response and naloxone administration. | | | |
| **Order to dispense** | Upon satisfactory assessment that the person to receive the naloxone is a person at risk of experiencing an opioid-related overdose or an individual in a position to assist an individual at risk for overdose, and upon providing education and consultation to that individual regarding recognizing and responding to suspected opioid overdose, deliver naloxone kits.  The specific naloxone formulation shall be selected from the list below in accordance with the recipient’s performance and training to administer a particular formulation. | | | |
| **Product and Quantity to be Dispensed** | **Medication** | **Intramuscular** | | **Intranasal - Ready to Use** |
| Five single-use 1 ml vials of naloxone hydrochloride (0.4 mg/ml) | | Pre-packaged kits with two single-use spray devices containing Naloxone HCL (4 mg/0.1 ml) |
| **Supplies** | Five intramuscular needle syringes (3 ml, 25 G, 1 inch),  Non Latex Gloves  Barrier Mask for mouth to mouth resuscitation | | Non Latex Gloves  Barrier Mask for mouth to mouth resuscitation |
| **Patient Handouts** | * **S-C-A-R-E-M-E handout**  **adapted from AIDS Resource Center of Wisconsin (ARCW).** Includes detailed steps to recognize, prevent, and triage emergency response for an opioid-related overdose. * Step-by-step instructions for responding to an overdose and administration of intramuscular / Nasal naloxone * Optional: Frequently asked Questions, (materials required for PDO or other funders) | | | |
| **Patient Education** | | | | | |
| Provide client with information about different naloxone delivery options and ask what type they would like, depending on preference and availability. Patient Education will be based upon recommendations from:   * SAMSHA Opioid Overdose Prevention Toolkit * S-C-A-R-E-M-E procedures adapted from AIDS Resource Center of WI * American Heart Association resuscitation procedures for Opiate Overdose * Guide to Developing and Managing Overdose Prevention and Take-Home Naloxone Projects | | | | | |
| Patient education regarding overdose recognition and naloxone administration should include:   * Review of risk factors for opioid overdose and possible prevention actions. * Recognition of opioid overdose: Call 911 as soon as possible for a person suspected of an opioid overdose with respiratory depression or unresponsiveness. See **S-C-A-R-E-M-E handout** for how to recognize an overdose and recovery position. * Initiate rescue breathing. See **S-C-A-R-E-M-E handout** or Step by Step: **How to Respond to an Overdose and How to** Give Naloxone handout. * Administer naloxone as follows: See **S-C-A-R-E-M-E handout** or Step by Step: **How to Respond to an Overdose and How to Give Naloxone handout.** | | | | | |
| **Medication Administration Instructions** | **Intramuscular** | | **Intranasal**  **Ready to Use** | |
| 1. Uncap the naloxone vial and uncap the muscle needle syringe. 2. Insert the muscle needle through the rubber membrane on the naloxone vial, turn the vial upside down, draw up 1 cc of naloxone liquid into the syringe, and withdraw the needle from the vial. 3. If time allows, open alcohol wipe and rub the area where the injection will be administered. 4. Insert the needle into the muscle of the upper arm or thigh of the victim, at a 90 degree angle to the skin, through clothing if needed, and push on the plunger to inject the naloxone. 5. If there is no response after two (2)-three (3) minutes, repeat the injection. | | 1. Peel back package to remove the device. 2. Place the tip of nozzle in either nostril. 3. Extend the patient’s head (as appropriate and safe for both patient and rescue provider. 4. Press plunger firmly to release the dose into patient’s nose. 5. If there is no response, after two (2) to three (3) minutes, give an additional dose of nasal spray using a new device. | |
|  | **SPECIAL NOTE:** Sometimes more than one dose is needed. If there is no reaction in two to three minutes, give a additional doses. | | | |
| **After Naloxone Administration** | * Continue rescue breathing and monitor respiration and responsiveness of the naloxone recipient until emergency help arrives. * Once overdose victim is breathing again, put in recovery position and continue to monitor. * Make sure victim does not take more opiates even if they do not feel well. * Provide hand off information to Rescue Professionals when they arrive. | | | | |
| **Contraindications** | Patients known to be hypersensitive to naloxone hydrochloride. | | | | |
| **Precautions** | * Risk of recurrent respiratory depression: duration of action of opioids may exceed that of naloxone resulting in return of respiratory depression – medical attention should be sought immediately when responding to a suspected overdose. * Precipitation of opioid withdrawal: adverse reactions are related to reversing dependency and precipitating withdrawal and include fever, hypertension, tachycardia, agitation, restlessness, diarrhea, nausea/vomiting, myalgia, diaphoresis, abdominal cramping, yawning, and sneezing.   + These symptoms may appear within minutes of Naloxone administration.   + The severity and duration of the withdrawal syndrome is related to the dose of Naloxone and the degree of opioid dependence. Adverse effects beyond opioid withdrawal are rare. * Naloxone crosses the placenta, and may precipitate withdrawal in the fetus. The fetus should be evaluated for signs of distress after naloxone is used. Naloxone should only be used in pregnant women with opioid dependence in situations of life-threatening overdose. | | | | |
| **Additional Patient Education** | * Organization staff will provide information on safe disposal of used sharps and unused/unwanted medication. For more information about prescription drug collection programs or events and managing household medical sharps, refer to DOJ’s “Dose of Reality” website (doseofrealitywi.gov)or WI DNR website (<http://dnr.wi.gov/topic/healthwaste/householdsharps.html> ). * Instruct the individual/parent/guardian to call the medical provider if questions, concerns, or problems arrive. * Encourage opioid user to communicate with primary care provider regarding overdose, use of naloxone, and availability of behavioral health services. * See provider information and/or referral for substance use disorders treatment resources. See **Patient Resource Guide (P-01575).** * Instruct the individual/parent/guardian to return for a refill as needed, subject to use and expiration of naloxone (approximately 18 months). * Repeat patient education is not necessary for individuals requesting a refill if they demonstrate knowledge of overdose recognition and naloxone administration. | | | | |

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| **Naloxone Standing Order Signatures:**    **SIGNATURE: Timothy Westlake M.D. Date Signed**  **Medical Consultant**  By signing this Naloxone Standing Order for nurses and staff, Walworth County Drug and Alcohol Coalition attests that all staff and contracted staff have received training on Naloxone, and have read and understand both the naloxone standing order and the naloxone patient education materials.    **SIGNATURE: Date Signed** |