Enter Facility Name/ Health Department

Example Standing Order Template

Naloxone HCl is a medication indicated for reversal of opioid overdose in the event of a drug overdose that is the result of consumption or use of one or more opioid-related drugs causing a drug overdose event.

**PURPOSE**

This standing order is intended to ensure that residents of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County (counties), in the State of West Virginia who are eligible to receive naloxone, have access to obtain the medication.

Persons eligible to receive naloxone under this protocol include (but not limited to):

1. Persons with a history of receiving emergency medical care for acute opioid poisoning or overdose
2. Persons with a suspected history of substance abuse or nonmedical opioid use
3. Persons receiving high-dose opioid prescriptions (e.g. >50 mg morphine equivalent)
4. Persons who are opioid naïve and receiving a first prescription for methadone for pain
5. Persons starting buprenorphine or methadone for addiction treatment
6. Persons taking opioid prescriptions for pain in combination with:
	1. Smoking, COPD, emphysema, sleep apnea, or other respiratory illness
	2. Renal dysfunction, hepatic disease, or cardiac disease
	3. Known or suspected alcohol use
	4. Concurrent benzodiazepine or other sedative prescription
	5. Concurrent antidepressant prescription
7. Persons who may have difficulty accessing emergency medical services
8. Voluntary request by person or agency
9. Any person at risk of an opioid overdose
10. Family members, friends or other persons who are in a position to assist a person at risk of experiencing an opioid-related overdose

**AUTHORIZATION**

This standing order is intended for utilization by the Designated Individual to provide naloxone to eligible individuals who have completed either the West Virginia Department of Health and Human Resources, Office of Emergency Medical Services (OEMS), Office of Drug Control Policy (ODCP) Naloxone Training or other naloxone training/counseling (MUST INCLUDE THE COUNSELING INDICATED BELOW).

Designated Individuals authorized to utilize this standing order include: MUST CHOOSE ONE OR MORE

Top of Form

Medical Assistant

Nurse

EMS

Peer Recovery Coach

Medical Student

First Responder

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bottom of Form

Designated Individuals MUST complete and document OEMS Naloxone Train-the-Trainer, OEMS Training Program, or other training program provided by a pharmacist or physician prior to training individuals in the community and providing naloxone pursuant to this standing order. (TRAINING MUST INCLUDE THE COUNSELING INDICATED VIA THE NALOXONE PROTOCOL DATED 4/2020 -APPENDIX E). Any person educating regarding and/or distributing intramuscular naloxone (vial and syringe) MUST complete additional training regarding proper administration of an IM injection.

**ADMINISTRATION**

Per WV State Code (*§ 16-46-5)*:

Any person who administers an opioid antagonist in good faith to someone they believe to be suffering from an opioid-related overdose is not subject to criminal prosecution arising from the possession of an opioid antagonist or subject to any civil liability with respect to the administration of or failure to administer the opioid antagonist unless the act or failure to act was the result of gross negligence or willful misconduct.

Any person who administers an opioid antagonist to a person they believe to be suffering from an opioid-related overdose is required to seek additional medical treatment at a medical facility for that person immediately following the administration of naloxone to avoid further complications from medical problems that are not obvious at the time.

**REQUIRED EDUCATION/ COUNSELING**

Prior to distributing naloxone, education must be provided to individual receiving naloxone. All distributing personnel must provide counseling points on naloxone (see below). Counseling MAY NOT be waived. All individuals receiving naloxone MUST be counseled.

* MUST PROVIDE COUNSELING POINTS LISTED BELOW (Opioid Overdose, Instructions for Use of the Product, and Importance of Calling 911)
	+ Counseling must be provided each time the individual receives naloxone.

**ALL PERSONS DISTRIBUTING MUST** supply a copy of both brochures provided through and maintained by the OEMS and ODCP. Copies of the brochures may be found on the OEMS website (<https://www.wvoems.org/medical-direction/naloxone-information>) and the West Virginia Board of Pharmacy Naloxone Protocol (<https://www.wvbop.com/article.asp?ty=CTTS&action2=showArticle&id=14>) webpage.

**Counseling Points:**

*Opioid Overdose*

* Signs/symptoms of an opioid overdose
	+ Difficulty or stopped breathing, turning blue (lips and finger tips) – lack of oxygen is what causes brain damage and death
	+ Not responsive to verbal or physical cues (shouting or sternal rub)
	+ Suspicion of possible overdose
* Importance of ensuring open airway and breathing, if possible
	+ Maintain an OPEN airway – straighten throat/neck and airway
	+ Encourage to take a CPR class to ensure training on rescue breathing
	+ Assist with breathing – use one-way valve mask or another form of CPR mask
* Provide the recipient with the number to talk with someone regarding available substance use disorder treatment and recovery services: 1-844-HELP4WV. Provide copy of both brochures which include opioid-related prevention and resources for treatment programs.

*Instructions for Use of the Product*

* Dosing and proper administration of product distributed
	+ See below for specific product administration
* Side effects
	+ Nausea and vomiting, blood pressure and heart rate will increase, sweating, shaking, return of pain, and possible aggressive behavior
* Storage conditions (room temperature – avoid hot and cold)

*Legal Aspects*

* Importance of calling 911 as soon as possible either before or after administration of naloxone and the risks associated with failure to contact emergency services following administration of opioid antagonist
* If 911 is NOT contacted
	+ Individual is not protected from liability if they do not call 911 or get the person to the hospital
	+ Naloxone may wear off, and the patient can stop breathing again even if the individual does not take more opioids
		- Remain with the person
	+ Do not put the person in ice water

**FORMULATION AND DIRECTIONS** [MUST IDENTIFY WHICH FORMULATION TO BE USED – only choose one formulation to include in the standing order.]

*Intranasal Administration:*

Top of Form

**Narcan® Naloxone HCl 4 mg/0.1 ml Nasal Spray**

Bottom of Form

Dispense #1 Box (2 units each)

SIG: Call 911.
Do not prime device. Spray into nostril upon signs of opioid overdose. Ensure head is tilted back and nostril is not blocked prior to administration. May repeat in 3 minutes in opposite nostril if breathing has not returned. Dosing may be repeated as needed until breathing returns or until EMS arrives.

Top of Form

**Naloxone HCl 2 mg/2 ml prefilled syringe and Atomizer**

Bottom of Form

Dispense #2 each

SIG: Call 911.

Assemble syringe and attach atomizer to syringe. Spray one-half of syringe into each nostril upon signs of opioid overdose.
May repeat in 3 minutes if breathing has not returned. Dosing may be repeated as needed until breathing returns or until EMS arrives.

*Intramuscular Administration Option:*

Top of Form

**Evzio® Naloxone HCl 2mg/0.4mL auto-injector**

Bottom of Form

Dispense 1 box (2 units each)

SIG: Call 911.

Pull off cover firmly. Automated voice instructions should begin once cover is removed. Pull off red safety guard. Do not replace the red safety guard after it is removed. Place black end against the outer thigh, through clothing, if needed. Press firmly and hold in place for 5 seconds. May administer additional doses, using a new auto-injector, every 3 minutes until breathing returns or until EMS arrives.

Other information for Evzio:

* Caregivers should pinch the thigh muscle while injecting EVZIO into a child under the age of one.
* A trainer for EVZIO with a separate “Trainer Instructions for Use” leaflet is included with EVZIO. For additional training information and video instructions go to www.EVZIO.com or call 1-855-773-8946.
* Wear gloves if possible to protect from bloodborne illnesses.

**Naloxone Intramuscular Injection 0.4mg/1mL single dose vial:**

Dispense 2 single dose vials and 2 syringes (3cc 23 or 25 gauge 1 inch)

SIG: Call 911

Remove cap from the vial (do not touch the rubber stopper on the top of the vial). Remove the cap from the syringe (be careful not to touch the needle). Insert the needle into the vial and turn the vial upside down. Pull the entire contents of the vial into the syringe. Take the syringe out of the vial (carefully – do not touch the needle). Attempt to remove all of the large air bubbles from the syringe. Wipe area with alcohol swab before injecting. Inject the contents of the syringe into the upper arm or thigh. Syringe should be inserted at a 90 degree angle. Some syringes have a safety covering that can shield the needle to prevent an accidental needle stick. Never recap the needle. Dispose of used syringe properly (sharps container or hard plastic container). Other option for disposal – give used syringe and vial to EMS when they arrive. May repeat every 3 minutes until breathing returns or EMS arrives. When person begins to breathe, wake up, or vomit, place person on his/her side in the recovery position. Make sure to put space between you and the individual to protect yourself.

**REVIEW**

This standing order will be reviewed and may be updated as additional information or changes to legislation/training materials occur. This standing order may be withdrawn by the physician at any time.

EXECUTED on this the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_ 2020.

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

Prescribing physician

Title and position with facility