

**STANDARD OPERATING PROCEDURE**

**NALOXONE (NARCAN) ADMINISTRATION FOR OPIOID OVERDOSE**

**DEFINITION**

Opioid overdose occurs when the amount of opioid in the body is so great the individual becomes unresponsive to stimuli and breathing becomes inadequate. Lack of oxygen affects vital organs, including the heart and brain, leading to unconsciousness, coma, and eventually death. Naloxone/NARCAN is indicated for the reversal of opioid overdose in the presence of respiratory depression or unresponsiveness.

**SCOPE AND APPLICABILITY:**

The following protocol should be used in the event of respiratory depression, unresponsiveness or respiratory arrest, when an opioid overdose is suspected.

**SIGNS AND SYMPTONS OF OPIOID OVERDOSE**

|  |  |
| --- | --- |
| **BODY SYSTEM** | **SIGNS AND SYMPTOMS OF AN OPIOID OVERDOSE** |
| **Mouth/Throat** | **Loud, uneven snoring or gurgling noises (death rattle)** |
| **Lungs** | **Shallow, slow breaths (fewer than 10 per minute) or not breathing at all** |
| **Skin** | **Pale, blue or gray, clammy** |
| **Heart** | **Slow or erratic pulse (heartbeat)****Blue lips or fingertips (from lack of oxygen)** |
| **Mental** | **Unresponsive to stimuli such as noise or sternal rub****Unconsciousness** |
| **Other** | **Constricted (pinpoint) pupils****Very limp body** |

**EQUIPMENT:**

* Narcan Nasal Spray one-piece pre-assembled nasal device

**PROCEDURE:**

1. **Activate EMS:**  911 must be called in all potential overdose situations.
2. **Assessment:** When an individual is suspected of an opioid overdose, an initial assessment of the level of consciousness and respiratory status will be conducted.
	1. Attempt to rouse and stimulate the individual (perform sternal rub by making a fist; rub your knuckles firmly up and down the breast bone).
	2. For individuals with no pulse: initiate CPR.
	3. For individuals with a pulse but who are not breathing: establish an airway and perform rescue breathing using a face mask or shield.
	4. For individuals who have a pulse and are breathing: assess if there is depression of the respiratory status as evidenced by:
		* A very low respiration rate
		* Interpretation of pulse oximetry measurement, if immediately available
	5. Assess for decrease in level of consciousness as evidenced by:
		* Difficult to arouse (responds to physical stimuli but does not communicate or follow commands, may move spontaneously) or
		* Unable to arouse (minimal or no response to noxious stimuli, does not communicate or follow commands).
	6. Trained staff member determines need for Naloxone administration
3. **Administration:**
	1. **Lay the person on their back** to receive a dose of NARCAN Nasal Spray.
	2. **REMOVE** NARCAN Nasal Spray from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.
	3. **Hold** the NARCAN Nasal Spray with your thumb on the bottom of the red plunger and your first and middle fingers on either side of the nozzle.
	4. **Gently insert the tip of the nozzle into either nostril.**
		* Tilt the person’s head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril** until your fingers are on either side of the nozzle are against the bottom of the person’s nose.
	5. **Press the red plunger firmly** to give the dose of NARCAN Nasal Spray.
		* Remove the NARCAN Nasal Spray from the nostril after giving the dose.
	6. **Move the person on their side** (recovery position) after giving NARCAN Nasal Spray.
	7. **Watch the person closely.**
	8. **If the person does not respond** by waking up, to voice or touch, or breathing normally, another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes. If additional NARCAN Nasal Sprays are available, repeat every 2 to 3 minutes until the person responds or emergency medical help is received.
4. **Additional Considerations**:
	1. The victim may be angry or combative when he or she wakes up, therefore, it is important to stand back from the victim and, if possible, have a second adult present.
	2. Potential adverse effects include nausea, diarrhea, abdominal cramping, irritability, restlessness, muscle or bone pain, tearing or nose running, and craving of an opioid.
	3. Naloxone wears off in thirty (30) to ninety (90) minutes.
5. **Transport** to hospital via EMS. Individuals who receive a dose of Naloxone must be sent to the emergency room for follow-up.
6. **Documentation**: Record in student/staff school health record and on an incident report. The recording should list the dose, route of administration, and time of delivery. It should include the patient presentation and response to Naloxone.
7. **Training**: The School Nurses will provide a training review and informational update annually to ensure that employees understand this medication, including it uses and side-effects.
8. **Procurement**: The District Safety Director and District Safety Coordinator will be responsible for the procurement of Naloxone.
9. **Storage**: Naloxone should be stored in a secure location at room temperature and away from direct sunlight. It will be clearly marked and stored in an accessible place at the discretion of the school nurse. The school nurse will regularly inspect the Naloxone to check the expiration date of the box.
10. **Disposal**: Send used Naloxone with EMS. The school nurse will use proper disposal of un-used Naloxone administration delivery systems.

**NALOXONE (NARCAN) USE REPORT**

 **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Individual Receiving Naloxone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **School**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birthdate**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Dose**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Route of Administration**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Time of Delivery**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Given By**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Transported by EMS to**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Presentation:**

**Patient Response to Naloxone:**

 Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_