

**Standing Order for Trained Middletown Township Personnel  
to Administer Nasal Naloxone (Narcan®)  
to an unconscious person who is suspected of opioid overdose**

**Purpose:** To reduce morbidity and mortality related to opioid overdose.

**Policy:** Under these standing orders, Middletown Township's staff who are authorized to administer the medication Naloxone (Narcan®) nasally in order to treat a possible overdose from opioids intentionally or unintentionally to unresponsive individuals during school hours or at a school sponsored event.

**Background:** Naloxone (Narcan®) is an opioid antagonist that will temporarily reverse the potentially deadly respiratory depressive effects of the following legal and illicit drugs: heroin, morphine, codeine, methadone, oxycodone (OxyContin, Percodan, Percocet), hydrocodone (Vicodin), fentanyl, hydromorphone (Dilaudid). Naloxone is not effective against respiratory depression due to non-opioid drugs. Naloxone (Narcan®) falls into pregnancy Category C.

**Adverse Reactions:** Abrupt reversal of narcotic depression from Naloxone (Narcan®) may result symptoms associated with opioid withdrawal; nausea, vomiting, sweating, tachycardia, increased blood pressure, tremulousness, seizures, and cardiac arrest.

**Contraindications:** Naloxone (Narcan®) administration is contraindicated for persons known to be hypersensitive to it; however, as the criteria for using Naloxone (Narcan®) is unresponsiveness, ascertaining a history of a contraindication is highly unlikely.

### **Overdose Prevention Procedures**

1. **Assess all unresponsive persons:** Trained Middletown Township personnel will assess for:
  - A. Severe respiratory depression e.g., very shallow breaths or gurgling
  - B. Responsiveness to painful stimuli by sternal rub

If the person has **either severe respiratory depression or is unresponsive to painful stimuli** initiate a **CODEBLUE** and continue overdose prevention measures. If the person responds, they should be kept under continued surveillance and reassessed periodically to ensure they will not overdose in the short-term, as the average interval of time between taking an opioid and an overdose is 1-3 hours.

2. **Initiate a CODE BLUE-Call 911:** Instruct emergency medical personnel that person is not breathing and nasal Naloxone (Narcan®) is being administered for a suspected an opioid overdose.
3. **Check for breathing and pulse:** If undetected perform rescue breathing and CPR accordingly and continue while preparing for Naloxone (Narcan®) administration.
4. **Administer Naloxone (Narcan®):** If person is unresponsive after approximately 30 seconds of rescue breathing or CPR, administer Naloxone (Narcan®) intranasally.

**Table: Naloxone (Narcan®) Administration**

Route	Dose	Initial Administration	Repeat Administration
Intranasal	4 mg/0.1ml	Spray entire nasal unit into one nostril	If person is unresponsive after 2-3 minutes, repeat dose.

5. **Assess the need for repeat administration of Naloxone:** If the person is unresponsive after 2-3 minutes repeat dose. Repeat steps 4, 5, and 6.
6. **Continue to observe person:** The person who has satisfactorily responded to Naloxone (Narcan®) should be kept under continued surveillance until emergency service arrives. Repeated dose of Naloxone (Narcan®) should be administered, as necessary, since the duration of action of some narcotics may exceed that of Naloxone (Narcan®).
7. **Place in recovery position:** Once the person is awakens, place in the recovery position.
8. **Provide person education:** When the person awakens and is responsive, provide the following information:
  - Naloxone (Narcan®) will wear off in approximately 30-90 minutes.
  - Reassure person that they may be “drug sick” and instruct not to use an opioid again as Naloxone (Narcan®) will wear off and the person can overdose again.
  - Hospital evaluation is mandatory as per policy following an overdose, even if the overdose prevention measures were successful. The person must wait for treatment by emergency service.

**Storage requirements:** Refer to package insert for additional storage requirements by individual manufacture.

This policy and procedure shall remain in effect until rescinded or until \_\_\_\_\_ (date).

Medical Doctor’s signature: \_\_\_\_\_ Effective date: \_\_\_\_\_