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**INTRANASAL OR INTRAMUSCULAR NALOXONE PROTOCOL:
A COLLABORATIVE PRACTICE AGREEMENT FOR OPIOID OVERDOSE RESPONSE**

Purpose:

1. To identify individuals at risk for opioid overdose
2. To reduce mortality associated with opioid overdose

Policy:

Pharmacists who are approved through this collaborative practice agreement may dispense naloxone to individuals they identify as at risk for opioid overdose.

Training:

Pharmacists eligible to dispense naloxone will be trained in the following areas:

1. Identification of individuals at risk for opioid overdose
2. Intramuscular and intranasal naloxone administration
3. Proper initiation of the emergency medical response

Contents of Naloxone Kit:

1. Naloxone 2mg/2mL syringe (2)
2. Atomizer nasal spray tip (1)
3. Rescue breathing face mask (1)
4. Informational handout (1)
5. Red drawstring bag (1) - optional

OR

1. Naloxone 0.4mg/1mL vial (2 to 5)
2. 1mL or 3mL syringe (2 to 5)
3. 21G to 25G needle (1" or 1.5") (2 to 5)
 - a. (Needle and syringe may be dispensed already attached)
4. Informational handout (1)

OR

1. Naloxone 0.4mg/1mL Carpuject with Luer Lock (2 to 5)
2. 21G to 25G needle (1" or 1.5") (2 to 5)
3. Carpuject holder with instructions for use on package (1)
4. Informational handout (1)

Procedure:

Identify patients who are at high risk for opioid overdose:

1. Illicit drug use
2. Abuse of prescription opioid medications
3. High dose opioid prescriptions (>100 mg morphine PO or equivalent daily)
4. Current opioid prescription and past history of substance abuse
5. Per patient, friend, family member, etc. request

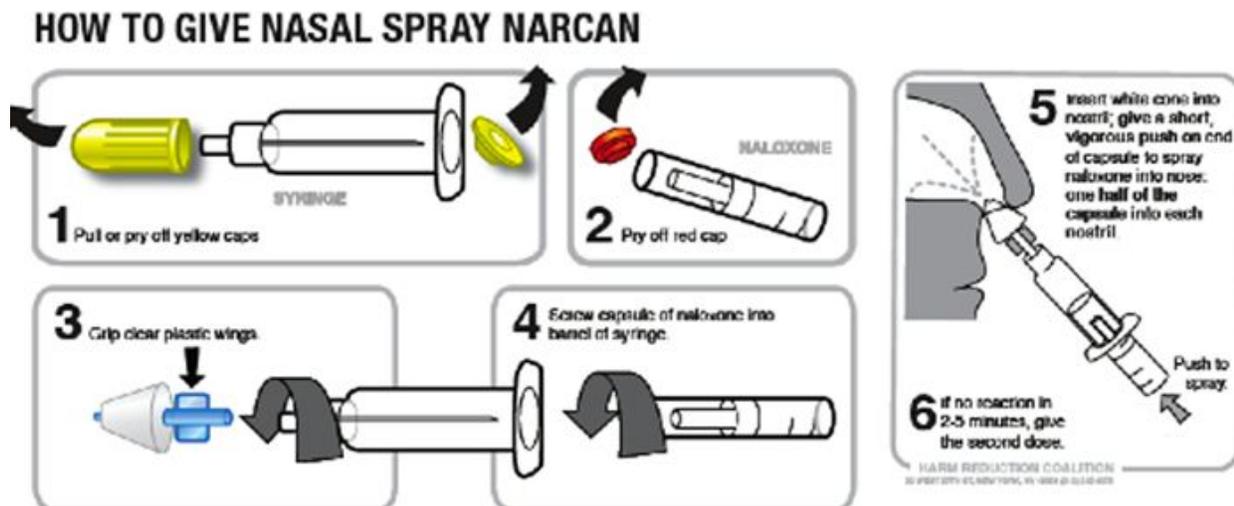
Counsel patient on proper initiation of the emergency medical response:

1. Who should be given intramuscular naloxone
 - a. Those who have overdosed and are unresponsive to stimuli
 - i. Sternal rub to test for responsiveness:
 1. Rubbing the knuckles of a closed fist on the sternum of the unresponsive individual for 15-30 seconds; if unresponsive, individual is likely experiencing an overdose
 - b. Those who have overdosed on opioids:
 - i. Heroin, morphine, codeine, methadone, oxycodone, hydrocodone, fentanyl and hydromorphone
 - c. Naloxone will not reverse an overdose from non-opioids such as:
 - i. Cocaine, methamphetamine, ecstasy, alcohol and benzodiazepines
2. Initiate emergency medical response for an unresponsive individual experiencing an overdose
 - a. Call 911
 - b. Check for breathing
 - i. Victim not breathing and unresponsive
 1. Administer several rescue breaths and then administer naloxone
 - a. To administer rescue breaths place the rescue breath mask over the mouth and nose of the victim, tilt the head back by lifting the chin and give several rescue breaths, then administer naloxone
 - ii. Victim breathing but still unresponsive
 1. Administer naloxone and then continue to check for signs of breathing
 - c. Stay with the victim until EMS personnel arrives
 - i. Inform personnel of:
 1. What drugs were taken
 2. How much naloxone was given
 - ii. In the event you must leave the victim, place them in the recovery position to protect the person from choking should they vomit
 1. Roll the individual onto their side
 2. Place the person's top hand under their head for support
 3. Bend their top knee to a 90 degree angle

Counsel patient on proper administration of naloxone:

1. Product to be used:
 - a. Intranasal:
 - i. Naloxone 2mg/2mL syringe affixed with nasal atomizer
 - b. Intramuscular:
 - i. Naloxone 0.4mg/1mL vial
 - ii. Naloxone 0.4mg/1mL Carpuject with Luer Lock and Carpuject Holder
2. How to administer:
 - a. Intranasal naloxone:
 - i. Remove yellow cap from syringe
 - ii. Attach nasal spray tip to the syringe
 - iii. Remove the cap from the vial of naloxone and screw this into the bottom of the syringe
 - iv. Spray half of the contents of the vial (1mL) into one nostril and the remaining half into the other nostril (1mL)
 1. Deliver the naloxone by pushing the bottom of the naloxone vial up into the delivery device, like the motion of pushing the plunger of a syringe
 - v. Give a second dose if the individual is still unresponsive after 3-5 minutes

**See diagram below*



- b. Intramuscular naloxone:
 - i. Remove cap from naloxone vial
 - ii. If needle and syringe are separate, attach needle to syringe. Insert needle into rubber stopper on vial
 - iii. Turn vial upside down and draw up 1mL of naloxone
 - iv. Inject needle into one of the following muscles at a 90 degree angle
 - 1. Shoulder, thigh or buttocks
 - 2. Give a second dose if the individual is still unresponsive after 3-5 minutes
- c. Intramuscular naloxone Carpuject with Luer Lock and Carpuject Holder
 - i. Hold the Carpuject holder with the open side facing you and pull the white plunger rod back until it clicks.
 - ii. Turn the blue lock to the left (counterclockwise) 180 degrees. You should hear a click once it is in place.
 - iii. Insert the pre-filled naloxone syringe into the Carpuject holder placing the Luer Lock tip (green end) in first by pushing the neck of syringe into top of Carpuject holder. Then push the base of the pre-filled syringe (clear, medication filled portion) into the holder so the pre-filled syringe fits flat in the Carpuject holder.
 - iv. To engage, turn blue lock to the right (clockwise) until it clicks and turn white plunger rod to right (clockwise) until it is firmly engaged.
 - v. Hold pre-filled syringe with tip up. Remove tip cover.
 - vi. Attach needle to syringe of medication and expel any air.
 - vii. Remove cover from needle and inject into one of the following muscle groups at a 90 degree angle
 - 1. Shoulder, thigh, buttocks
 - 2. Give a second dose if the individual is still unresponsive after 3-5 minutes
 - viii. To unload the carpuject holder
 - 1. DO NOT RECAP the needle!
 - 2. Disengage by holding the carpuject holder with the open side facing you. Turn plunger rod to left (counterclockwise) and pull back until it clicks.
 - 3. Turn blue lock to the left (counterclockwise) until it clicks. The device is now disengaged.
 - 4. Discard used naloxone syringe and attached needle by turning the holder upside-down and letting naloxone syringe and attached needle fall out of holder and into a sharps container or empty laundry detergent bottle. Return sharps container to pharmacy for proper disposal.
 - 5. Save holder to use for future medication administration.

**See diagram below*

Loading and Unloading the *Carpject*[®] Syringe

LOADING:

Cleanse hands thoroughly.

1. Hold the CARPUJECT[®] holder with the open side facing you and pull the white plunger rod back until it clicks.



2. Turn the blue lock to the left (counterclockwise) until it clicks.



3. Insert the syringe in the holder by placing the Luer tip in first.



4. To engage, turn the white plunger rod to the right (clockwise) and turn the blue lock to the right (clockwise) until it clicks.



5. Hold the prefilled syringe with the tip up. Remove and discard tip cover and expel the air by pushing on the plunger.



6. Do not touch the syringe tip. Administer contents.



UNLOADING:

1. To disengage, hold the CARPUJECT holder with the open side facing you, turn the white plunger rod to the left (counterclockwise) and pull back until it clicks.



2. Turn the blue lock to the left (counterclockwise) until it clicks.



3. Invert the holder– DO NOT RECAP! – and discard the used syringe in a sharps container.



4. Save the holder to use for the next product.
Holder is autoclavable should sterility be desired.

3. Revival of overdosed victim:
 - a. Naloxone takes 3-6 minutes to begin working
 - b. Patient may experience withdrawal symptoms once naloxone takes effect; instruct them not to take any additional opioids
 - i. Withdrawal can manifest as vomiting, diarrhea, sweating and aggressive/agitated behavior
 - ii. The withdrawal symptoms will wear off when the naloxone wears off (30-90 minutes)
 - c. It is important to seek medical attention even after revival with naloxone as an overdose can recur after the effects of the naloxone wear off or if additional opioid is used
4. Follow-up with physician after naloxone use and obtain a new naloxone administration kit from your pharmacist

Record all accounts of dispensing naloxone

1. The pharmacy will maintain a hardcopy of a naloxone prescription which will be written based on this standing order and will include:
 - a. Name, date of birth, and address of patient
 - b. Manufacturer and lot number of the naloxone dispensed
 - c. Date of dispensing
 - d. As needed refills
 - e. Initials of the pharmacist that provided patient education
2. This record will be maintained for a minimum of 5 years

This collaborative practice agreement shall remain in effect for two years or until revoked by either party by written documentation. Effective on (date): _____

Signatures:

Physician

Date

Pharmacists

Date