**STANDING ORDERS FOR NALOXONE DISTRIBUTION FOR OPIOID OVERDOSE PREVENTION**

**\*\*\*EMS Agency\*\*\* Order**

Naloxone is indicated for the reversal of opioid overdose induced by natural or synthetic opioids in the setting of respiratory depression or unresponsiveness. It should not be given to anyone with a known allergy to naloxone hydrochloride. It may be delivered intravenously (IV), intramuscularly (IM), intraosseous (IO) or intranasally (IN).

This standing order covers the possession and distribution of naloxone, which may include naloxone hydrochloride, intramuscular syringes, injection supplies, nasal atomizers, or commercial naloxone auto-injectors and any other naloxone product approved for opioid overdose treatment.

This standing order authorizes all employees or agents of \*\*\*EMS Agency\*\*\* in the state of Colorado to possess, administer and distribute naloxone kits in accordance with the attached naloxone protocol, to any of the following:

* A person at risk of experiencing an opioid overdose.
* A family member, friend, or other person in a position to assist a person at risk of experiencing an opioid related overdose.
* An employee or volunteer of a harm reduction organization.
* A patient experiencing a known or suspected opioid -related overdose.

**Order to Distribute**

Upon satisfactory assessment, as described in the attached protocol, that the person to receive the naloxone is a person meeting one of the four criteria described above, **and** upon completion of education of that person regarding recognizing and responding to suspected opioid overdose, distribute one naloxone kit.

**Directions for Use (Non-911 response/prevention)**

1. Call 911 as soon as possible for a person suspected of an opioid overdose with respiratory depression or unresponsiveness, and initiate rescue breathing or CPR.
2. Administer naloxone according to package insert/ manufacturer instructions.
3. If there is no response after 3 minutes, administer a second dose of naloxone. If there is a continued lack of response, the dose may be repeated every 3 minutes until a clinical response or emergency help arrives.
4. Continue rescue breathing and monitor respirations and responsiveness of the naloxone recipient until the person stabilizes or emergency help arrives.

**Order to Distribute**

Expiration Date: Until rescinded by Medical Direction

|  |  |
| --- | --- |
| NAME OF MEDICAL PROVIDER  Title of Medical Provider  License number  Address  NPI#  PI# | Effective Date |

**PROTOCOL FOR NALOXONE STANDING ORDERS**

**Indications and Usage**

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.

**Provider Actions**

Determine whether the individual to whom the naloxone will be distributed meets one of the criteria listed below; failure to meet one of these criteria prohibits the individual from receiving naloxone pursuant to this Standing Order:

* Is an individual at risk of experiencing an opioid overdose. These include but are not limited to:
  + Any individual taking prescribed opioids.
  + Any individual with suspected illicit or nonmedical opioid use (including fentanyl and heroin).
  + Any individual who uses nonopioid illicit substances (including methamphetamine, cocaine, illicit benzodiazepines, etc.). Due to risk of cross contamination.
* Any individual who lives or is around a high drug use area, who could witness and respond to an opioid overdose.
* Is an individual in a position to assist a family member, friend, or other person at risk of experiencing an opioid overdose.
* Is an employee or volunteer of a harm reduction organization.

Determine if the individual is oriented to person, place, and time and able to understand and learn the essential components of overdose response and naloxone administration; failure to meet this requirement prohibits the individual from receiving naloxone pursuant to this Standing Order.

If the individual receiving the naloxone is an individual at risk of experiencing an opioid overdose, screen the individual for contraindications/precautions as described below. If a contraindication/precaution exists, refer the individual to a medical provider for evaluation.

* Contraindications
  + Patients known to be allergic to naloxone hydrochloride.

Provide opioid overdose educational information/resources or referral to resources. Opioid overdose education for the individual shall cover the following at a minimum:

* Risk factors for opioid overdose and possible prevention actions.
* Recognition of opioid overdose.
* Directions for use, including:
  + calling 911,
  + administration of naloxone according to package insert/ manufacturer’s instructions for initial and any necessary repeat doses every three minutes, and
  + rescue breathing and airway management.
* Possible adverse reactions related to reversing dependency and precipitating opioid withdrawal and include fever, hypertension, tachycardia, agitation, restlessness, diarrhea, nausea/vomiting, muscle aches, myalgia, sweating diaphoresis, abdominal cramping, yawning, sneezing.
  + Symptoms may appear within minutes of naloxone administration and subside in approximately 2 hours.
  + 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.

Distribute naloxone kit and explain the contents to the individual. Provide information and/or referral for substance abuse or behavioral health treatment options.

**Follow Up Requirements**

\*\*\*EMS Agency\*\*\* employees or volunteers shall perform the follow up activities listed below if Naloxone is distributed to a person for prevention of an opioid-related overdose outside of a 911 response:

* Instruct individual/parent/guardian to call a medical provider if questions, concerns, or problems arise.
* Instruct individual/parent/guardian to return for refill as needed.
* Encourage opioid users to communicate with primary care providers regarding overdose, use of naloxone, and availability of behavioral health services.