

## LEE HEALTH POLICY & PROCEDURES

|  |   |  |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
|--|---|--|--|--|--|---|---|--|--|------------------------------------|--------------------------------------|-------------------------------------|--|---|---|--------------------------------------|--|------------------------------------|--|---|---|---|--|
| <b>NALOXONE INTRANASAL<br/>EMERGENCY DEPARTMENT DISPENSING PROTOCOL</b>  |   | <b>LOCATOR NUMBER</b>                                |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
| <b>T<br/>Y<br/>P<br/>E</b>   | <input type="checkbox"/> <b>System-wide</b> - A formal statement of values, intents (policy), and expectations (procedure) that applies to every employee throughout the System.  | <b>CHAPTER: M03</b>                                  |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
|  | <input checked="" type="checkbox"/> <b>Multidisciplinary/Interdisciplinary</b> - A formal statement of values, intents (policy), and expectations (procedure) that applies to more than one discipline and is usually of a clinical nature. <b>Check below all areas to which this applies.</b> | <b>TAB: 03</b>                                       |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
|  | <input type="checkbox"/> <b>Departmental</b> - A formal statement of values, intents (policy), and expectations (procedure) exclusive to a particular department or group of people within a department at one or multiple locations that does not impact any other area.                       | <b>POLICY #: 612</b>                                 |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
| <b>Disciplines - locations to which this interdisciplinary policy applies:</b>   |   |  |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Health Information Management</td> <td style="width: 33%;"><input checked="" type="checkbox"/> Pharmacy</td> <td style="width: 33%;"><input type="checkbox"/> Acute Care Hospital Nursing</td> </tr> <tr> <td><input type="checkbox"/> Environmental Services</td> <td><input type="checkbox"/> Plant Operations</td> <td><input type="checkbox"/> Outpatient Services</td> </tr> <tr> <td><input type="checkbox"/> Information Systems</td> <td><input type="checkbox"/> Radiology</td> <td><input type="checkbox"/> Home Health</td> </tr> <tr> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Rehabilitation Services</td> <td><input type="checkbox"/> Skilled Nursing Services</td> </tr> <tr> <td><input type="checkbox"/> Legal Services</td> <td><input type="checkbox"/> Respiratory</td> <td><input type="checkbox"/> Physician Offices</td> </tr> <tr> <td><input type="checkbox"/> Nutrition</td> <td><input type="checkbox"/> Public Safety</td> <td><input type="checkbox"/> Rehab Hospital</td> </tr> <tr> <td><input checked="" type="checkbox"/> ED Nursing Services</td> <td><input checked="" type="checkbox"/> ED Physician Services</td> <td></td> </tr> </table> |   |  | <input type="checkbox"/> Health Information Management | <input checked="" type="checkbox"/> Pharmacy | <input type="checkbox"/> Acute Care Hospital Nursing | <input type="checkbox"/> Environmental Services | <input type="checkbox"/> Plant Operations | <input type="checkbox"/> Outpatient Services | <input type="checkbox"/> Information Systems | <input type="checkbox"/> Radiology | <input type="checkbox"/> Home Health | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Rehabilitation Services | <input type="checkbox"/> Skilled Nursing Services | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Physician Offices | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Public Safety | <input type="checkbox"/> Rehab Hospital | <input checked="" type="checkbox"/> ED Nursing Services | <input checked="" type="checkbox"/> ED Physician Services |  |
| <input type="checkbox"/> Health Information Management   | <input checked="" type="checkbox"/> Pharmacy  | <input type="checkbox"/> Acute Care Hospital Nursing |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
| <input type="checkbox"/> Environmental Services  | <input type="checkbox"/> Plant Operations   | <input type="checkbox"/> Outpatient Services         |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
| <input type="checkbox"/> Information Systems   | <input type="checkbox"/> Radiology  | <input type="checkbox"/> Home Health                 |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
| <input type="checkbox"/> Laboratory  | <input type="checkbox"/> Rehabilitation Services  | <input type="checkbox"/> Skilled Nursing Services    |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
| <input type="checkbox"/> Legal Services  | <input type="checkbox"/> Respiratory  | <input type="checkbox"/> Physician Offices           |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
| <input type="checkbox"/> Nutrition   | <input type="checkbox"/> Public Safety  | <input type="checkbox"/> Rehab Hospital              |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
| <input checked="" type="checkbox"/> ED Nursing Services  | <input checked="" type="checkbox"/> ED Physician Services   |  |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
| <b>Date Originated: 5/19</b>   | <b>Reviewed/No Revision: 5/20, 5/21, 5/22, 5/23</b>   | <b>Dates Revised:</b>                                |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
|  |   | <b>Next Review Date: 5/24</b>                        |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
| <b>Author(s): Peter Duggan, RPh</b>  |   |  |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
| <b>Reviewed by:</b>  |   |  |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
| <b>Clinical Practice Council:</b>  |   | <b>Date:</b>   |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
| <b>Clinical Education Council</b>  |   | <b>Education Completed: Date:</b>                    |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
| <b>Education Plan Required:</b>  | <b>Yes No:</b><br><input type="checkbox"/> <input type="checkbox"/>   | <b>Date:</b>   |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
| <b>Approved by:</b>  |   |  |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
| <b>Policy Administrator: John Armitstead, MS, RPh, FASHP</b>   |   | <b>Date: 4/3/2023</b>                                |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
| <b>As Needed:</b>  |   |  |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |
|  |   | <b>Date:</b>   |  |  |  |   |   |  |  |                                    |                                      |                                     |  |   |   |                                      |  |                                    |  |   |   |   |  |

### PURPOSE:

To provide access to naloxone at no cost for patients admitted to the Emergency Department (ED) for treatment and determined to be at risk of experiencing an opioid related overdose.

## Definitions:

Persons to receive naloxone (“At-risk Patients”):

- Individuals with a history of opioid misuse or abuse
- Individuals enrolled in medication-assisted treatment, including methadone, buprenorphine / suboxone, or naltrexone / Vivitrol
- Individuals who are on a waitlist or call-back list to receive treatment for opioid use

Misuse - Incorrect use of medication by patients, who may use a drug for a purpose other than that for which it was prescribed.

Abuse - A maladaptive pattern of substance use, leading to clinically significant impairment or distress.

Provider - A healthcare practitioner authorized to prescribe naloxone.

Florida Opioid Targeted Response Project - A program funded and administered by the Florida Department of Children and Families designed to address the opioid crisis by providing evidence based prevention, medication assisted treatment, and recovery support services. Funds appropriated for this project will be used to purchase and distribute naloxone to reduce opioid overdose deaths.

## POLICY:

If, upon assessment, a person admitted to a Lee Health Emergency Department for treatment is deemed to be at risk of experiencing an opioid-related overdose, an emergency department healthcare practitioner authorized to prescribe naloxone may order and dispense this medication to the patient.

The patient will receive:

- One package containing two devices of naloxone Intranasal Spray
- Printed materials regarding overdose prevention and treatment, to include information regarding recognizing and responding to suspected opioid overdose and the importance of summoning emergency responders.

## PROCEDURE:

1. The Pharmacy department will enter into agreement with the Florida Department of Children and Families (DCF) to secure supplies of intranasal naloxone to be dispensed at no charge to at-risk patients pursuant to an order entered into the electronic health record (EHR) by an emergency services healthcare provider authorized to prescribe this medication.
2. Intranasal naloxone received from DCF will be packaged by the pharmacy department and stocked in ED automated dispensing units (ADUs). The package to be stocked in ADUs will include:

- a. A patient label attached to the naloxone container
  - b. Patient instructions on use of naloxone as well as printed materials regarding overdose prevention and treatment, to include information regarding recognizing and responding to suspected opioid overdose and the importance of summoning emergency responders. These instructions will be provided in English and Spanish.
3. Upon provider order, a registered nurse will vend the naloxone from the ADU, write the patient name, ordering provider and date on the label and instruct the patient on use of the product as part of the ED discharge process. Patient instruction on use of intranasal naloxone may be completed by the RN, a Pharmacist, or the ordering provider.
  4. Refills for intranasal naloxone will **not** be provided by emergency services staff. Patients will be instructed to contact DCF directly if a refill is needed.
  5. The Pharmacy Department Purchaser at each participating campus will be responsible for ordering sufficient product to meet demand as well as all record keeping required to participate in the DCF naloxone program.
  6. Continuation of this process is contingent upon the availability of intranasal naloxone at no cost from the DCF naloxone program.

## REFERENCES:

SAMHSA Substance Abuse Treatment Advisory, Vol 5 Issue 2

<https://store.samhsa.gov/system/files/sma12-4175.pdf>

## APPENDIX A – PATIENT INSTRUCTIONS ENGLISH



### What is NARCAN(also called naloxone)?

- NARCAN is an FDA approved medication that is safe and effective for opioid/opiate overdose reversals
- NARCAN is an opioid antagonist, which means it blocks the receptors in the brain from binding to opioid agonists found in oxycodone, hydrocodone, heroin, etc.
- NARCAN cannot be abused, does not cause overdose, and has no psychoactive properties

#### What are the side effects of NARCAN?

After administering naloxone, the victim will be in a state of withdrawal.

Symptoms include:

- Fatigue
- Fever, sweating
- Upset stomach, vomiting
- Pain/aches
- Loss of bowel/bladder function.
- Confusion, disorientation
- Increased heart rate/breathing

### Signs of an overdose

## The #1 sign of an overdose is: UNRESPONSIVENESS

#### Other signs include:

- Not breathing, turning blue, snoring
- Vomiting
- Gasping, gurgling

#### Risk Factors of overdose:

- Mixing different types of drugs (opiates with alcohol and/or benzos)
- Quality and difference in purity levels based off batch
- Low Tolerance following a period of abstinence
- Using Alone behind a locked door, unable to be found
- Compromised Health due to an infection, lack of sleep
- Stressful or new environments

\*Materials developed by North Carolina Hazmat Response Coalition

### Facts: Overdose & NARCAN

- The only viable option when someone is experiencing an opiate overdose is to initiate rescue breathing, administer NARCAN, and seek medical assistance
- Attempts to revive someone experiencing an overdose by other means may be unsuccessful
- NARCAN is available without a doctor's prescription at some pharmacies around the state
- A person revived by NARCAN can slip back into an overdose once the naloxone wears off after 30-90 minutes. Additional doses may be needed, seek medical attention immediately.

To find a drug treatment center near you, visit: <http://findtreatment.samhsa.gov> or call 1-800-662-HELP(4357)

If you have questions about NARCAN, or want to report the use of NARCAN, contact the Florida Poison Control Centers

(Any personal information collected is confidential)

1-800-222-1222



**Opiate Overdose Prevention & NARCAN Nasal Spray Guide**

If you suspect or witness an overdose, **CALL 911**

### Responding to an overdose

#### Sternal Rub

Lay the person on their back and ensure nothing is in their mouth/throat.

Check for responsiveness by running your fist up and down along the sternum (breastbone).

If they do not respond, Call 911.



#### Call 911

Tell the operator what you see: "The person is unconscious and not breathing."

Clearly state the street address of the overdose.

Under Florida Statute 893.21, a 911 caller and victim of an overdose are protected from being charged and prosecuted for possession of illegal drugs (controlled substances).



### Administer NARCAN

1. Insert nozzle into victim's nostril and press plunger to administer first NARCAN dose.



2. Give rescue breathing: Tilt their head back slightly, pinch their nose and give 1 breath every five seconds, and

3. If unresponsive, after 2-3 minutes give second NARCAN dose in other nostril.



Repeat Steps 1-3 until person wakes up or EMS arrives.

### Recovery Position

If the person is unconscious, but breathing, carefully place them in the recovery position while waiting for EMS. Do not leave the person alone.



## APPENDIX B – PATIENT INSTRUCTIONS SPANISH



### ¿Qué es la NARCAN (también se llama naloxona)?

- La NARCAN es la medicina aprobada por la FDA que es segura y efectiva para revertir sobredosis de opiáceos.
- NARCAN es el antídoto del opiáceo, lo que significa que evita que los receptores en el cerebro se ligan con el opiáceo de oxycodona, hidrocodona, heroína, etc.
- No puede abusarse de la NARCAN, no causa sobredosis ni tiene propiedades psicoactivas.

### ¿Cuáles son los efectos secundarios de la NARCAN?

Después de la administración de NARCAN, la víctima estará en un estado de abstinencia.

Los síntomas incluyen:

- escalofríos
- nausea
- vómitos
- agitación
- dolores musculares
- confusión
- elevada frecuencia cardíaca

### Signos de sobredosis

#### El signo #1 de sobredosis es: NO RESPONDE

Otros signos incluyen:

- La respiración, el cuerpo aparece azul, ronquidos
- Vómitos
- El grito ahogado, gorgoteo

Los factores de riesgo:

- La mezcla de distintos tipos de drogas (opiáceos con benzodiazepina y/o alcohol)
- La calidad y pureza de la droga depende del lote
- Baja tolerancia después de un periodo de abstinencia
- Estar solo o encerrado, en un lugar difícil de encontrar
- Estrés o medios ambientes nuevos
- Salud comprometida debido a infecciones o falta de sueño

\*Manual developed by North Carolina Harm Reduction Coalition

### Hechos: sobredosis y NARCAN

- La única opción cuando alguien experimenta una sobredosis de opiáceos es usar respiración de rescate, administrar NARCAN y buscar asistencia médica.
- Intentos de revertir una sobredosis con otras maneras pueden ser fracasadas.
- La NARCAN está disponible sin una receta de los médicos.
- Es posible que la persona pueda volver al estado de sobredosis. El efecto de NARCAN dura en el cuerpo durante 30 a 90 minutos. Pueda requerirse más de una dosis de NARCAN se recomienda buscar atención médica inmediatamente.

Para encontrar un centro de tratamiento de drogas:  
<http://findtreatment.samhsa.gov>  
o llame al  
1-800-662-(HELP) 4357

Si tiene preguntas sobre NARCAN o si quiere registrar la administración de un kit, llame a los Centros de Toxicología de Florida

(Cualquier información personal es confidencial)

1-800-222-1222



### Prevención de sobredosis de analgésico

y

### Guía de NARCAN

Si sospecha o ve una sobredosis,

Llame al 911

### Cómo enfrentar una sobredosis

#### Frote el esternón

Estienda la persona en su espalda y asegúrese de que no haya nada en la boca/la garganta.

Intente despertar a la persona gritando su nombre y frotando el medio del pecho con los dedos (frotar el esternón).

Si no responde, ¡llame al 911!



#### Llame al 911

Díle al operador lo que ves: "La persona está inconsciente y no está respirando."

Indique claramente la dirección física de la sobredosis.

Bajo la ley 893.21 de Florida, la persona que llama a 911 y la víctima de una sobredosis están protegidos de una eventual persecución por posesión de drogas ilegales (sustancias controladas).



#### Administre la NARCAN

- Coloque la boquilla en un orificio nasal de la víctima y presione el émbolo para administrar la primera dosis de NARCAN.



- De respiración boca a boca. Incline la cabeza, levante el mentón y pellizque la nariz con los dedos. Dé una respiración cada 5 segundos.

- Si no hay respuesta después de dos a tres minutos, dé la segunda dosis de NARCAN en el otro nasal.



Repita pasos 1-3 hasta que la persona despierte o lleguen los paramédicos.

#### Posición de recuperación

Si la persona está inconsciente pero respirando, cuidadosamente póngala en posición de recuperación hasta que llegue el EMS. No dejar sola a la persona.

