

LEE HEALTH PHARMACY POLICY & PROCEDURES

NALOXONE RESCUE KIT PROTOCOL - LEE PHARMACY		LOCATOR NUMBER																		
T Y P E	<input type="checkbox"/> System-wide - A formal statement of values, intents (policy), and expectations (procedure) that applies to every employee throughout the System.	<u>PHARMACY</u>																		
	<input type="checkbox"/> Multidisciplinary/Interdisciplinary - A formal statement of values, intents (policy), and expectations (procedure) that applies to more than one discipline and is usually of a clinical nature. Check below all areas to which this applies.	CHAPTER: PH1																		
	<input checked="" type="checkbox"/> Departmental - 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.	TAB: 02																		
		POLICY #: 012																		
Disciplines / locations to which this interdisciplinary policy applies:																				
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Health Information Management</td> <td><input checked="" type="checkbox"/> Pharmacy</td> <td><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> </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 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																		
Date Originated: 3/17	Reviewed/No Revision: 4/18, 3/18, 4/20, 4/21, 6/22, 6/23	Dates Revised: 5/19, 6/21																		
		Next Review Date: 6/24																		
Author(s): Anson Phetteplace, PharmD, CPh, DPLA; David Ondrako, MD																				
Reviewed by:																				
Clinical Practice Council:		Date:																		
Clinical Education Council Yes No:		Education Completed: Date:																		
Education Required: <input type="checkbox"/> <input type="checkbox"/>		Date:																		
Approved by:																				
Policy Administrator: John A. Armitstead, MS, RPh, FASHP		Date: 7/10/2023																		
As Needed:																				
		Date:																		

PURPOSE:

Authorizing Prescriber Statement for Dispensing Naloxone Rescue Kit - Licensed pharmacists employed by the Lee Health Pharmacy, acting as delegates for a designated medical provider, according to and in compliance with and Florida Board of Pharmacy statute 381.887, F.A.C. may prescribe and dispense an emergency opioid antagonist, naloxone, to a patient or caregiver for use in accordance with this section. Pharmacists may dispense an emergency opioid antagonist pursuant to a prescription issued in the name of the patient or caregiver, which is appropriately labeled with instructions for patient use. Such patient or caregiver is authorized to store and possess

approved emergency opioid antagonists and, in an emergency situation when a physician is not immediately available, administer the emergency opioid antagonist to a person believed in good faith to be experiencing a suspected or actual opioid overdose, regardless of whether that person has a prescription for an emergency opioid antagonist.

POLICY:

Signed and Dated Medical Directive

I, Dr. David Ondrako, licensed in the state of Florida do hereby authorize licensed, properly trained pharmacists employed by Lee Health to maintain supplies of Naloxone rescue kits and to provide access to Naloxone products and education on the proper use of those products to patients and caregivers in accordance with the laws and regulations of the State of Florida. In exercising this authority, the pharmacists shall comply with provider prescription and/or the protocol for provision of Naloxone and associated patient/caregiver education. All dispensing of Naloxone and associated patient/caregiver education will take place on the premises of the pharmacy.

Qualifications of Pharmacist(s) Providing Naloxone Rescue Kit

- Possess an active Florida Pharmacist license in good standing
- Complete an appropriate training program
- Have a complete understanding of all content in the Naloxone Pamphlet required to be distributed with each rescue kit

PROCEDURE:

Lee Health Pharmacists may dispense the following Naloxone products to eligible patients and their caregivers.

NALOXONE HCL DISPENSING PROTOCOL	
Eligible Candidates	<ul style="list-style-type: none"> • Persons who voluntarily request Naloxone including, but not limited to: <ul style="list-style-type: none"> ➤ current illicit or nonmedical opioid users or persons with a history of illicit or nonmedical opioid use ➤ persons with a history of opioid intoxication or overdose and/or recipients of emergency medical care for acute opioid poisoning ➤ persons with a high dose opioid prescription (>50 mg morphine equivalents per day) ➤ persons with an opioid prescription and known or suspected concurrent alcohol use ➤ persons with an opioid prescription and concurrent prescription(s) for benzodiazepines, SSRIs, or tricyclic antidepressants (TCAs) ➤ released prisoners from correctional facilities ➤ persons released from opioid detoxification and mandatory abstinence programs ➤ persons entering methadone maintenance treatment programs (for addiction or pain) ➤ persons with opioid prescription and smoking/COPD or other respiratory illness or obstruction ➤ persons with an opioid prescription who also suffer from renal dysfunction, hepatic disease, cardiac disease, HIV/AIDS

Eligible Candidates	<ul style="list-style-type: none"> • Caregivers who voluntarily request Naloxone • A pain management clinic • A harm reduction organization • Emergency medical services technician • First responder • Law enforcement officer or agency 	
Route(s) of Administration	Intranasal (IN)	
Product and Quantity to be Dispensed (Total amount dispensed is not to exceed 10 mL per prescription)	Naloxone HCl solution 1 mg/mL or 4 mg/0.1 mL <ul style="list-style-type: none"> - Dispense appropriate quantity to deliver 2 (two) doses - Provide any appropriate nasal drug delivery devices if required (i.e. nasal adapter) 	
Directions for Use	Naloxone Rescue Kit: Spray 1 mL in each nostril with nasal adapter; repeat in 3 to 5 minutes if no response	
Refills	2 Refills	
Contraindications	A history of a known hypersensitivity to Naloxone or any of its components	
Warnings	Too much Naloxone can cause withdrawal symptoms such as: anxiety, runny nose and eyes, chills, muscle discomfort, disorientation, combativeness, nausea/vomiting, diarrhea	
Patient Education	Patient will be counseled on the appropriate use and administration of Naloxone, and will be provided with patient education material <ul style="list-style-type: none"> - Naloxone can neither be abused nor caused overdose - Hypersensitivity (rash, difficulty breathing, anxiety) is very rare 	

The Physician signatory may, when appropriate, override a dispensing decision made by the pharmacist in relation to this protocol. Physician signatory may, in the future, amend this protocol in writing for reasons including changes in standards of care related to the administration of Naloxone and opioid overdose prevention.

Before dispensing Naloxone, the pharmacist shall ensure that patients are properly trained in opioid overdose prevention, recognition, response, and Naloxone administration. A Naloxone Handout will be provided which will contain overdose prevention information along with step-by-step instructions for overdose responses and Naloxone administration. Additionally, information and referrals to drug addiction treatment will be provided.

Naloxone rescue kits will be labeled as 'Naloxone Rescue Kit' and include an expiration date based on the included Naloxone hydrochloride unit.

Documentation and Information Policies

Management and maintenance of the Standing Order:

- A. Pharmacy Supervisor is responsible for signing the standing order as the principle authorized pharmacist
- B. Lee Health Pharmacists must sign as a dispensing pharmacist and maintain a signed copy of the Order along with a copy of the Naloxone Pamphlet in the pharmacy that is readily retrievable upon request.

Pharmacists will document each patient's/caregiver's by the following:

- A. The pharmacist shall initiate a Naloxone prescription pursuant to the protocol described above, and issue that prescription in the name of the Physician signatory to this standing order.
- B. contact the medical provider listed on the standing order in the event that the pharmacist requires medical consultation for a particular patient.
- C. both parties shall maintain a copy of licensing and liability insurance information in their respective records for both the pharmacist and physician named above.

Patient/Caregiver Education Procedures

Pharmacists will provide patient education that addresses topics that includes, but is not limited to, the following:

- A. Purpose for Naloxone, correct way to administer Naloxone, precautions regarding medications that may interact with Naloxone.
- B. High-risk overdose situations, risk reduction strategies, and appropriate response sets in addition to Naloxone administration, including rescue breathing and calling 911.

REFERENCES:

[Florida Board of Pharmacy statute 381.887, F.A.C.](#)

www.narcannasalspray.com

Instructions for Use NARCAN (nar´ kan) (Naloxone hydrochloride) Nasal Spray

You and your family members or caregivers should read the Instructions for Use that comes with NARCAN Nasal Spray before using it. Talk to your healthcare provider if you and your family members or caregivers have any questions about the use of NARCAN Nasal Spray.

Use NARCAN Nasal Spray for known or suspected opioid overdose in adults and children.

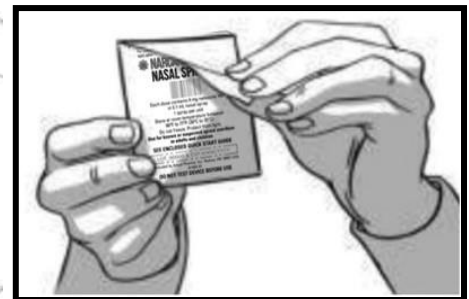
Important: For use in the nose only.

- **Do not remove or test the NARCAN Nasal Spray until ready to use.**
- **Each NARCAN Nasal Spray has 1 dose and cannot be reused.**
- **You do not need to prime NARCAN Nasal Spray.**

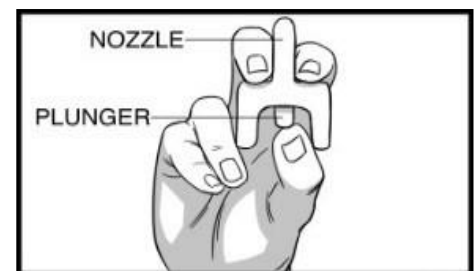
How to use NARCAN nasal spray:

Step 1. Lay the person on their back to receive a dose of NARCAN Nasal Spray.

Step 2. Remove NARCAN Nasal Spray from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.



Step 3. Hold the NARCAN Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

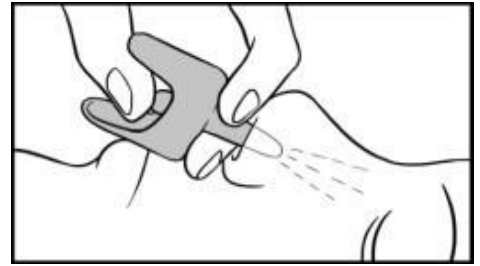


Step 4. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril** until your fingers on either side of the nozzle are against the bottom of the person's nose.



Step 5. Press the plunger firmly to give the dose of NARCAN Nasal Spray.

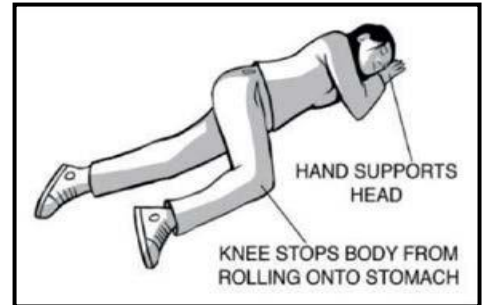
Step 6. Remove the NARCAN Nasal Spray from the nostril after giving the dose.



What to do after NARCAN Nasal Spray has been used:

Step 7. Get emergency medical help right away.

- Move the person on their side (recovery position) after giving NARCAN Nasal Spray.
- Watch the person closely.
- 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 available.
- Repeat **Steps 2 through 6** using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, steps 2 through 6 may be repeated every 2 to 3 minutes until the person responds or emergency medical help is received.



Step 8. Put the used NARCAN Nasal Spray back into its box.

Step 9. Throw away (dispose of) the used NARCAN Nasal Spray in a place that is away from children.

How should I store NARCAN Nasal Spray?

- Store NARCAN Nasal Spray at room temperature between 59°F to 77°F (15°C to 25°C). NARCAN Nasal Spray may be stored for short periods between 39°F to 104°F (4°C to 40°C).
- Do not freeze NARCAN Nasal Spray.
- Keep NARCAN Nasal Spray in the box until ready to use. Protect from light.
- Replace NARCAN Nasal Spray before the expiration date on the box.

Keep NARCAN Nasal Spray and all medicines out of the reach of children.

This Instructions for Use has been approved by the U.S. Food and Drug Administration. Distributed by Adapt Pharma, Inc. Radnor, PA 19087 USA.

For more information, go to www.narcannasalspray.com or call 1-844-4NARCAN (1-844-462-7226).

Revised: 02/2016

LEE PHARMACY

NALOXONE RESCUE KIT – STANDING ORDER

Physician of Record Authorization:

Physician Name: _____

Lee Physician Group; Lee Health

Phone: _____

Physician FL license number: _____ Physician DEA number: _____

Date

David Ondrako, M.D.

Principle Authorized Pharmacist:

Pharmacist Name: _____

Lee Health Pharmacy

Pharmacist FL license number: _____

Phone: _____

Date

Anson Phetteplace, Pharm.D.

This authorization will be in effect for 1 year unless rescinded earlier in writing by either party. Any changes in the protocol must be agreed upon by both parties. This protocol must be renewed in writing annually.

Dispensing Pharmacist

Date

Print

Signature

All dispensing pharmacists will sign and maintain this document as evidence of knowledge and execution of this protocol.