

Naloxone Standing Order

Administration of Intranasal Naloxone to Any Person

Suspected of Opioid Overdose in an Ambulatory Setting

The indication for naloxone is opioid-induced respiratory depression. The goal of care is to improve ventilation and oxygenation without precipitating acute withdrawal.

If a person is suspected of experiencing opioid overdose by exhibiting **signs of opioid overdose which include:**

- a. Depressed respiratory rate or abnormal character of breathing (apnea, shallow breathing, etc.)
- b. Miotic (pinpoint) pupils
- c. Depressed mental status
- d. Bradycardia
- e. Cold, clammy skin
- f. Cyanosis

The assessment will be conducted by a Licensed Clinical Staff member. After assessment and determination of need for naloxone, clinical staff may enter order and administer:

Naloxone 4 mg/spray intranasally completely into one nostril.

A Licensed Clinical staff member must stay with patient and assess effects of naloxone.

After 5 minutes, if there is no response, or only a partial response* to the first dose of naloxone, a second dose may be administered by a provider into the alternate nostril. Please note that the timing of the second dose is different than the package insert. A maximum of 2 doses (8 mg) of naloxone may be given.

*Partial response is indicated by lack of return to normal respiratory rate.