Naloxone Standing Order and Protocol

Introduction

In the 2023 legislative session, the Minnesota Legislature mandated the carrying of naloxone hydrochloride, an opiate or opioid antagonist[1] that reverses opioid overdoses, to select groups in the state, expanding access to the medication as an intervention to prevent opioid overdose deaths in Minnesota.[2] Due to the success of the program, the Minnesota Department of Health is expanding access to the standing order and protocol that help organizations obtain, distribute, and administer naloxone.

Purpose

There are three purposes for this document:

- The first purpose is to provide a standing order under Minn. Stat. § 151.37, subd. 12(b)(1), that will authorize the mandated groups to obtain and distribute naloxone per their individual mandates.
- The second purpose is to provide a protocol under Minn. Stat. § 148.235, subd. 8, for practitioners in the mandated groups to administer naloxone by appropriately trained personnel within their settings.
- The third purpose is to provide a standing order and protocol for groups that are not mandated to carry and administer naloxone, but may choose to do so.

Naloxone

Naloxone is a medication that temporarily blocks the effects of an opioid (prescription opioids, heroin, fentanyl, fentanyl analogs, and other synthetic opioid street drugs) during an opioid overdose emergency. Naloxone only works on opioids, however other drugs (e.g., cocaine, methamphetamine) have been found in Minnesota to be laced (cut or contaminated) with opioids. Opioids can cause respiratory depression (slow or troubled breathing) to the point that breathing stops. Naloxone is indicated for a suspected opioid overdose.

Naloxone may be administered intranasally with a nasal spray, intramuscularly with a syringe, or with an autoinjector.

[1] While naloxone is commonly known as an "opioid antagonist," Minnesota Statutes, section 151.37, refers to "opiate antagonists." According to the Centers for Disease Control and Prevention, the term "opiate" refers to natural opioids such as heroin, morphine and codeine, while "opioid" refers to all natural, semisynthetic, and synthetic opioids. While an opiate is therefore a subset of the larger group of opioids, for the purpose of the antagonists referred to in this protocol, these terms are used interchangeably. https://www.cdc.gov/opioids/basics/terms.html

[2] 2023 Minn. Laws, Chapter. 61, Article 5, sections 1 through 12.

Definitions

For the purposes of this document, the following definitions apply:

- "Naloxone kit" refers to one box containing two Narcan® Nasal Spray Devices (4 mg/0.1mL) with information pamphlet containing step-by-step instructions.
- "Dispense" means to give a naloxone kit to an individual who is at risk for, or who knows someone who is at risk for, an opioid overdose for subsequent use.
- "Distribute" means to give naloxone kits to other organizations that, in turn, administer, or dispense naloxone.
- "Administer" means to give naloxone directly to another individual whom the person believes in good faith to be suffering a drug overdose (Minn. Stat. § 604A.04, subd. 2(b)).

Standing Order to Obtain, Distribute, and Dispense Naloxone

This standing order authorizes individuals, in accordance with Minn. Stat. § 151.37, subd. 12, to maintain, dispense, or distribute supplies of nasal naloxone to anyone who is at risk, or knows anyone who is at risk, of a drug overdose.

Condition Specific Protocol

This protocol allows staff, nurses working in schools, volunteers, clients, and other authorized individuals who are trained in administering naloxone to administer, dispense, and distribute naloxone to anyone who is at risk, or knows anyone who is at risk, of drug overdose in accordance with Minn. Stat. §§ 151.37, subd. 12, and 604A.04.

Educational Requirement

Eligible entities using this condition-specific protocol to administer naloxone must have authorized individuals complete training in opioid overdose reversal that, at a minimum, includes the following:

- Opioid overdose prevention and recognition.
- Indications, contraindications, and precautions related to using naloxone.
- Naloxone administration techniques, specific to the route (nasal) to be used within the specific agency, program, or school.
- Providing rescue breathing as necessary along with administering naloxone.
- The necessity of calling 911 for the care of all potential overdose victims.

Recordkeeping

Entities using this document must keep a copy of it on site at all locations where naloxone may be used.

Protocol for Administering Naloxone Hydrochloride

Storage

Naloxone kits should be stored at room temperature with limited exposure to natural light.

Indications for Usage

Naloxone is indicated for the reversal of opioid overdose, induced by natural or synthetic opioids, relative to respiratory depression or unresponsiveness. An authorized individual should use naloxone if they find someone who is unresponsive and the cause is unknown, or there is a suspected drug overdose, or the individual observes the signs and symptoms listed below.

Signs of Symptoms of Opioid Overdose in a person of any age:

- Unresponsive or unconscious
- Breathing is very slow, irregular, or has stopped
- Blue skin tinge or yellow or gray in darker skin tones-usually lips and fingertips show first
- Face is very pale color from normal skin tone
- Body is limp
- Pulse (heartbeat) is slow, erratic, or not readily detectible
- Vomiting
- Making choking, gurgling, or snoring sounds

Contraindications – Naloxone is contraindicated in individuals known to be hypersensitive to naloxone hydrochloride, or to any of the other ingredients in naloxone.

Safety – The safety profile of naloxone is remarkably high when given to individuals who are not opioid intoxicated or opioid dependent, naloxone produces no clinical effects, even at high doses. Moreover, although rapid opioid withdrawal in opioid-tolerant individuals may be unpleasant, it is not life threatening.

Precaution – While naloxone is life-saving for suspected opioid overdose, there are other health conditions that may have similar symptoms in emergency situations, such as diabetic ketoacidosis, electrolyte imbalance, hypothermia, meningitis, apnea, stroke, and subdural hematoma, for which naloxone will not help the person**.** Furthermore, naloxone's overdose reversing effects are temporary, and overdose symptoms may return, which is why **911 must be called as soon as possible**.

Other considerations:

- Pre-existing cardiac disease or seizure disorder.
- Person is suspected to be physically dependent on opioids, including newborns of persons with opioid dependence (reversal of opioid effect will precipitate acute abstinence syndrome)
- Use in Pregnancy:
    - Teratogenic Effects: Pregnancy category C, no adequate or well- controlled studies in pregnant persons.
    - Non-teratogenic Effects: Pregnant persons known or suspected to have opioid

dependence often have associated fetal dependence. Naloxone crosses the placenta and may precipitate fetal withdrawal symptoms.
    - Naloxone should only be used in pregnant persons with opioid dependence in situations of life-threatening overdose.
- Nursing Persons: Caution should be exercised when administering to nursing persons due to transmission in human milk.
- Geriatric Use**:** Caution should be exercised for potential decreased hepatic, renal, and cardiac function, as well as concomitant disease and other pharmacotherapies.

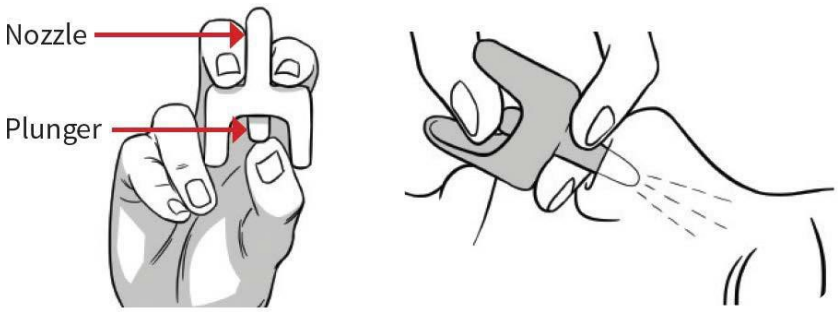
Standardized Procedure for Naloxone Administration

Step 1: Confirm signs and symptoms of potential opioid overdose.

Step 2: Call 9-1-1 and administer naloxone as follows:

Single-Step Intranasal Naloxone

- Peel back the package and remove the device.
- Hold the device with your thumb on the bottom of the plunger and 2 fingers on opposite sides of the nozzle.
- Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose. *(See image below)*
- Press the plunger firmly to release the dose into the patient's nose.
- Repeat with the second device if there is no response after 3 minutes.



Supply

One (1) box containing two (2) Narcan® Nasal Spray Devices (4 mg/0.1mL)

Naloxone Adverse Reactions

- Adverse reactions are related to precipitating opioid withdrawal. They include fever, hypertension, tachycardia, agitation, restlessness, diarrhea, nausea/vomiting, myalgias, diaphoresis, abdominal cramping, yawning, and sneezing.
- These symptoms may appear within minutes of naloxone administration and subside in approximately 2 hours.
- The 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.

Authorization

This document is issued by the Medical Director of the Minnesota Department of Health, effective on the date below. It authorizes recipients to obtain and distribute naloxone, and other components of a naloxone kit, to those who may assist an individual suffering opioid-related overdose, as described in this standing order and condition-specific protocol.

The authorizations in this document shall remain in effect until July 1, 2025.

Name of Physician:

License No.: **NPI No.**:

Signature: **Date**: 7/1/2024

Order Effective Date: July 2, 2024

Order Expiration Date: July 1, 2025

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