**Naloxone HCl Standing Order (SO) for Emergency Use in the Local Health Department**

This Standing Order is for all Registered Nurses (RN’s) and Licensed Practical Nurses (LPN’s) practicing in local health departments in North Carolina to administer Narcan (naloxone HCl) from the emergency cart (or equivalent) to any person who is possibly experiencing an opioid over-dose. Naloxone HCl is indicated for the reversal of opioid overdose induced by natural or synthetic opioids.

(*If agency stocks a different formulary, insert that formulary here instead*.)

For the purposes of this SO, “opioid” is defined as any natural or synthetic opioid product.

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| **Naloxone HCl Emergency Cart SO** |
| **Condition or Situation in Which the SO Will Be Used** | Anyone who presents in a NC local health department who is or becomes unresponsive, loses consciousness, is not breathing or has no pulse. Emergency procedures will be initiated and Narcan nasal spray 4 mg/0.1 mL will be administered to the person per agency emergency policy. (*If agency stocks a different formulary, insert that formulary here instead*.)  |
| **Assessment Criteria** |
| **Subjective**  | Anyone who presents with **any** of the following:1. Known or suspected opioid over-dose
2. becomes unresponsive
3. has loss of consciousness
4. has no assessable respirations
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| **Objective** | Anyone who presents with **any** of the following:1. unresponsive –does not respond to verbal or physical stimulation
2. unconscious – does not respond to touch
3. does not have a pulse
4. does not have respirations
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| **Assessment Criteria** | Assess the client for:1. Responsiveness by speaking and touching the person.
2. Pulse - for presence/absence
3. Respirations - for presence/absence
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| **Nursing Plan of Care** |
| **Contraindications for Use of this Order**  | Known allergy to Narcan (*If agency stocks a different formulary, insert that formulary here instead*.) |
|  **Medical Treatment** | If **one** of the subjective **or** objective findings are present: 1. **Call 911 immediately**
2. Administer Narcan nasal spray (4 mg/0.1 mL) intranasally into one (1) nostril and initiate CPR as indicated. (*If agency stocks a different formulary, insert that formulary here instead*.)
3. If the person is unresponsive to voice or touch, has no respirations or no pulse or relapses to such conditions, repeat Narcan nasal spray (*If agency stocks a different formulary, insert that formulary here instead.*) using a new nasal spray up to (2) two doses in alternating nostrils, continue CPR as indicated until person becomes responsive or emergency medical services (EMS) arrives and takes over.
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| **Nursing Actions** | 1. **Call 911 immediately**
2. Follow emergency policy and procedure for the health department.
3. Request staff person to obtain Narcan nasal spray. (*If agency stocks a different formulary, insert that formulary here instead*.)
4. Move the emergency cart or equivalent to the person.
5. Initiate CPR as indicated until EMS arrives and takes over.
6. Move the person on their side (recovery position) after giving nasal spray.

Continue to assess the person’s responsiveness, respiration and pulse.  |
| **Follow-up**  | 1. Document actions taken in the electronic health record, including vital signs, medications and treatments, the time of administration, the time event was observed, name of personnel administering or observing, and the person’s response.
2. Support the person as they recover and encourage further medical evaluation.
3. Report the events and actions taken to first responders/EMS when they arrive.
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| **Criteria for Notifying the MD/APP** | 1. Consult with the medical provider of a known allergy to Narcan. (*If agency stocks a different formulary, insert that formulary here instead*.)
2. Report use of this SO to the medical director per agency emergency policy after implementation.
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Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date approved: \_\_\_\_\_\_\_\_\_\_\_\_

Local Health Department Medical Director

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date reviewed: \_\_\_\_\_\_\_\_\_\_\_\_

Director of Nursing/Nursing Supervisor

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Authority:**

Nursing Practice Act, N.C. General Statutes 90-171.20. (7) f. h. & (8) c .e. f.

NC General Statute §90-12.7 <https://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_90/GS_90-12.7.pdf>.