

SOUTHWEST CONNECTICUT MENTAL HEALTH SYSTEM

Clinical Policy and Procedure Manual

Policy #: 3.3.8

Pages: 1 of 4

SECTION: Pharmacy

SUBSECTION: Naloxone (Narcan)

TOPIC: Recognize and Treat Opioid Overdose with Naloxone; Use of Naloxone Survival or Rescue Kit

Date First Approved: 12/22/2015

Date Of Revisions:

PURPOSE: To reduce loss of life associated with opioid drug overdose by reversing an opioid overdose with Naloxone Hydrochloride (Narcan).

Background: In Connecticut, most overdose fatalities are due to opioid use, alone or in combination. In 2014, 512 opioid related fatalities were reported and 278 fatalities in the first 6 months of 2015. On average, 1-2 people die every day in CT from an opioid overdose. It's the leading cause of adult injury death, more than due to motor vehicle accidents, fires and firearms combined. Since the inception of the Naloxone distribution program, there have been an estimated 26,463 opioid overdose reversals as of June 2014.

Risk Factors for Opioid Overdose:

1. Previously experienced an opioid overdose
2. Diagnosis of Opioid Use Disorder
3. Decreased tolerance due to abstinence from use while hospitalized, incarcerated, or Detoxification program
4. Mixing opioids with alcohol, pills or cocaine, or using intravenously or alone
5. Prescribed opioids for pain management
6. Prescribed Methadone or Buprenorphine.

In 2001, a "Good Samaritan" law (PA 11-210) was passed in an attempt to address people's unwillingness to call 911 for an overdose situation. This law protects people who call 911 seeking medical services for an overdose from arrest for possession of drugs/ paraphernalia. The law limits protection to this situation.

POLICY:

1. To train identified SWCMHS staff to recognize symptoms of opioid overdose, and administer Naloxone to clients who are suspected to have an opioid overdose

2. To train at risk SWCMHS clients, family members, or any person the client invites to participate in his/ her treatment to recognize symptoms of opioid overdose, and administer Naloxone Hydrochloride (Narcan)

3. Training will include:

Identifying an opioid overdose, Calling 911, Applying rescue breathing, Administering Naloxone, Use of the recovery position as indicated.

Naloxone (Narcan) acts by antagonizing the effects of opiates by binding to the same opioid receptor sites in the brain. It begins to take effect within 2 to 5 minutes, may last 30 to 90 minutes and may cause acute opioid withdrawal. Naloxone is not a controlled substance, not addictive, and has no street value. It has no effect on overdose symptoms caused by non-opioid (ate) drugs. Any Licensed Independent Provider in the State of CT (PA 12-159) can prescribe Naloxone. Prescribers are protected from civil liability/ criminal prosecution. A third party administering Naloxone is protected from civil liability/ criminal prosecution (PA 14-61).

Indications: Naloxone Hydrochloride (Narcan) is indicated for the complete or partial reversal of opiate narcotic depression and respiratory depression secondary to opioid(ate) narcotics or related drugs including but not limited to Heroin, Codeine, Morphine (Moxduo), oxycodone (OxiContin), oxycodone preparations (Percocet, Percodan), hydrocodone/acetaminophen (Vicodin), methadone (Methadose, Dolophine), diphenozylate/atropine (Lomotil), pentazocine (Talwin), propoxyphene (Darvon, Dolene), fentanyl (Sublimaze), meperidine (Demerol), hydromorphone (Dialudid).

Contraindications: known hypersensitivity to Naloxone.

Side Effects: Abrupt reversal of narcotic depression may result in nausea, vomiting, sweating, tachycardia, increased blood pressure and tremulousness.

PROCEDURE:

1. Naloxone kits will be dispensed to identified teams within SWCMHS. The Team Director will be responsible for maintaining the kits, insuring staff who will use them are trained, and replacing the kits when necessary.

In addition, training will be provided to staff during new employee orientation. On line training to all staff will be provided annually.

2. At risk clients will be prescribed Naloxone, and they, their family, or invited treatment participants will be educated on its use by selected trained staff- Physicians, APRNs, Pharmacists, RNs, LPNs, Clinicians, Case Workers and other direct care staff. Fliers will be provided to the clients, family and significant others, and invited treatment participants at the time of this education. All Naloxone prescriptions and associated teaching will be documented

in the client's health record progress note section. Declination of Naloxone prescription will also be documented in the health record progress note section.

Identifying Opioid Overdose:

If the person is unresponsive or minimally responsive, not breathing or breathing less than 10 breaths/ minute, has blue or gray lips and finger nails, pin point pupils, making loud, uneven snoring, or gurgling sounds. The person may be a known drug user, have track marks, and there may be drug paraphernalia in the vicinity.

Responding to Opioid Overdose:

If you can't revive the person by shaking them, or calling their name, or using the "sternum rub", then

1: Call 911: Say the person is not breathing, or struggling to breathe. Provide the exact location of the victim.

2: Start Rescue Breathing: Tilt the head back, lift the chin to open the airway, pinch the nose to keep air from escaping, and then give 2 normal breaths followed by 1 breath every 5 seconds. Breathe for the victim till they respond, or EMS arrives. Use face shield and universal precautions.

3: Administer Narcan: Administer Narcan: Intranasal

Remove yellow cap atop plastic tube and screw atomizer on

Remove bottom yellow cap and plastic cap from vial and screw vial into bottom of tube

Spray half the vial into each nostril by pushing vial up through tube

May be repeated once if no effect in 2 to 5 minutes.

Or Intramuscular (WHEN AVAILABLE):

Pop off plastic lid of vial

Insert syringe in vial and remove 1 cc. by pulling down on plunger

Inject into shoulder or thigh by pushing the plunger in

May be repeated once if no effect in 2 to 5 minutes.

4: Stay with the person if you can. If you must leave them alone, put them in the "recovery" position by rolling them onto their side. This will keep them from choking if they begin vomiting. The person will usually revive in 2 to 5 minutes. If they don't revive, then give a second dose of Narcan. They may wake up in withdrawal from opioids due to the Narcan and should not be allowed to re-use opioids.

5. A Critical Incident report must be filed within 24hrs. of the event.

Resources:

OpioidOverdosePrevention/Naloxone(Narcan)<http://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=509650>

Harm Reduction Coalition; Harm Reduction.org

Prescribe to Prevent.org

<http://intranasal.net/Opiateoverdose/>
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