pennsylvania
DEPARTMENT OF HEALTH

STANDING ORDER DOH-001-2015
NALOXONE ADMINISTRATION
FOR OVERDOSE PREVENTION

Naloxone is a medication indicated for reversal of opioid overdose in the event of a drug overdose that is the result of consumption or use of one or more opioid-related drugs causing a drug overdose event.

I. COVERAGE AND EXCLUSIONS

This standing order applies to Commonwealth of Pennsylvania firefighters and law enforcement officers (collectively "eligible persons") who are providing care with an employer who meets the requirements under section II below. This standing order does not apply to Department of Health (Department) certified emergency medical services (EMS) providers or Department-licensed EMS agencies, except as specifically provided herein.

II. WRITTEN AGREEMENT REQUIRED

Prior to obtaining and using naloxone under this standing order, employers of eligible persons shall enter into a written agreement with a Department-licensed EMS agency to obtain the supply of naloxone. Eligible persons also shall complete a Department approved training program.

III. SIGNS AND SYMPTOMS OF OPOID OVERDOSE

A. A history of current narcotic or opioid use or fentanyl patches on skin or needle in the body.
B. Unresponsive or unconscious individuals.
C. Not breathing or slow/shallow respirations
D. Snoring or gurgling sounds (due to partial upper airway obstruction).
E. Blue lips and/or nail beds.
F. Pinpoint pupils.
G. Clammy skin.
H. Note that individuals in cardiac arrest from all causes share many symptoms with someone with a narcotic overdose (unresponsiveness, not breathing, snoring/gurgling sounds, and blue skin/nail beds). If no pulse, these individuals are in cardiac arrest and require CPR.

IV. ORDER TO ADMINISTER AND DIRECTIONS

This standing order may be used by eligible persons in the event that there is no other protocol, prescription, standing order or guidance for the administration of naloxone. Existing naloxone protocols, prescriptions, standing orders or guidance for the administration of naloxone that was created by an Act 139 authorized person for eligible persons supersedes this standing order.

Upon completion of a Department-approved training program and documentation of training to his or her employer, eligible persons may administer either intra-nasal naloxone or auto-injector naloxone (intra-muscular) (whichever is available) to a person suspected of a drug overdose event as follows:

1. Call 911 for EMS to be dispatched.
2. In cardiac arrest or pulseless patients: Call 911 for EMS and start CPR. In cardiac arrest, CPR is the most important treatment, and any attempt to administer naloxone should not interrupt chest compressions and rescue breathing.
3. Naloxone should only be given to someone suspected of opioid overdose as noted in the signs and symptoms listed in section III above.
4. In respiratory arrest or a non-breathing patient: If able to do rescue breathing, rescue breathing takes priority over naloxone administration. Administer naloxone if possible while doing rescue breathing.
5. Administration of naloxone (only give to someone with suspected opioid overdose based on signs and symptoms listed in section III above).

A. INTRA-NASAL NALOXONE, BY WAY OF A MUCOSAL ATOMIZER DEVICE (MAD)

1. Pop off two yellow caps from the delivery syringe and one red cap from the naloxone vial.
2. Screw the naloxone vial gently into the delivery syringe.
3. Screw the mucosal atomizer device onto the top of the syringe.
4. Spray half (1ml) of the naloxone in one nostril and the other half (1ml) in the other nostril.
    a. Note: Administer the medication in a quick burst to ensure that it is atomized. A slow administration will cause liquid to trickle in without being atomized properly, which will slow delivery to the bloodstream.
5. Continue to monitor breathing and pulse. If not breathing, **give rescue breathing**. If no pulse, **start CPR.**

6. Remain with the person, monitor breathing/pulse, and provide rescue breathing or provide CPR if needed, until he or she is under care of a medical professional, such as a physician, nurse, or EMS.
7. If patient does not awaken after 5 minutes, administer second dose of naloxone (if available) (1mL) briskly in one nostril and the other half (1mL) briskly in the other nostril.

B. INTRA-MUSCULAR NALOXONE, BY WAY OF AUTO-INJECTOR

1. Currently the only available auto injector comes with automated voice instructions (EVZIO®) and has a speaker that provides voice instructions to help guide you through each step of the injection.
    a. Follow automated voice instructions.
2. If the auto-injection device does not come with automated voice instruction or the automated voice instruction is otherwise disabled, follow below. The auto-injection device should still work even if the automated voice instructions do not.
    a. Prepare device
        i. For EVZIO®
            1. Pull off the **Red** safety guard. **Note:** The **Red** safety guard is made to fit tightly. **Pull firmly to remove.** To reduce the chance of an accidental injection, do not touch the **Black** base of the auto-injector, which is where the needle comes out.
    b. Hold injector with a fisted hand if possible and press firmly against outer thigh, until you hear a click or hiss. EVZIO® can be used through clothing. One auto injector delivers 0.4 mg naloxone.
    c. Continue to hold pressure for a full 10 seconds to ensure full delivery of medication. Note: The needle will inject and then retract back up into the EVZIO® auto-injector and is not visible after use. Do not look for the needle as this will put you at risk for needle stick injury.
    d. Continue to monitor breathing and pulse. If not breathing, give rescue breathing. If no pulse, start CPR.
    e. If no response in 3-5 minutes, repeat the above instruction with a new auto-injection device.
    f. Remain with the person, monitor and support breathing until he or she is under the care of a medical professional, such as a physician, nurse, or EMS.

C. REFILLS

Refills may be obtained as needed under this standing order pursuant to section II.

V. CONTRAINDICATIONS

Do not administer naloxone to a person with known hypersensitivity to naloxone or to any of the other ingredients contained in the packaging insert for naloxone.

VI. PRECAUTIONS

A. DRUG DEPENDENCE

Those who may be chronically taking opioids are more likely to experience adverse reactions from naloxone. (See adverse reactions under section VIII below). Additionally, after administration, they may awaken disoriented. Being disoriented can sometimes lead to combative behavior, especially if naloxone is given by someone unfamiliar.

B. RESPIRATORY DEPRESSION DUE TO OTHER DRUGS

Naloxone is not effective against respiratory depression due to non-opioid drugs. Initiate rescue breathing or CPR as indicated and contact 911.

C. PAIN CRISIS

In patients taking an opioid medication for a painful illness such as cancer, administration of naloxone can cause a pain crisis, which is an intense increase in the experience of pain as the naloxone neutralizes the pain-relieving effect of the opioid medication. Comfort the patient as much as possible and contact 911 as the patient may need advanced medical treatment to ease the pain crisis.

VII. USE IN PREGNANCY (Teratogenic Effects: Pregnancy Category C)

Based on animal studies, no definitive evidence of birth defects in pregnant or nursing women exists to date. There also have not been adequate studies in humans to make a determination.

VIII. ADVERSE REACTIONS

A. OPIOID DEPRESSION

Abrupt reversal of opioid depression may result in nausea, vomiting, sweating, abnormal heart beats, fluid development in the lungs and opioid acute withdrawal syndrome (see part B below), increased blood pressure, shaking, shivering, seizures and hot flashes.

B. OPIOID DEPENDENCE

Abrupt reversal of opioid effects in persons who are physically dependent on opioids may cause an acute withdrawal syndrome.

Acute withdrawal syndrome may include, but not be limited to, the following signs and symptoms: body aches, fever, sweating, runny nose, sneezing, yawning, weakness, shivering or trembling, nervousness, or irritability, diarrhea, nausea or vomiting, abdominal cramps, increased blood pressure, and fast heart beats.

Most often the symptoms of opioid depression and acute withdrawal syndrome are uncomfortable, but sometimes can be severe enough to require advance medical attention.

IX. DEFINITIONS

A. DRUG OVERDOSE EVENT:

This event is an acute medical condition, including, but not limited to, severe physical illness, coma, mania, hysteria or death, which is the result of consumption or use of one or more controlled substances causing an adverse reaction. A patient's condition shall be deemed to be a drug overdose if a prudent layperson, possessing an average knowledge of medicine and health, would reasonably believe that the condition is in fact a drug overdose and requires immediate medical attention.

B. LAW ENFORCEMENT OFFICER:

A person who by virtue of the person's office or public employment is vested by law with a duty to maintain public order or to make arrests for offenses, whether that duty extends to all offenses or is limited to specific offenses, or a person on active State duty under 51 Pa.C.S. § 508 (relating to active duty for emergency).

C. RESCUE BREATHING:

A skill performed for a victim who is not breathing at all, or whose breaths are too slow or irregular to be effective. In rescue breathing, breaths are delivered to the victim by pinching the nose shut and breathing into the victim's mouth. Masks and other barrier devices are available to decrease the risk of disease transmission when giving rescue breaths.

D. CARDIOPULMONARY RESUSCITATION (CPR):

A lifesaving technique that is useful when someone's breathing or heartbeat has stopped. CPR is offered by such organizations as the American Heart Association and the American Red Cross. Rescue breathing is combined with chest compressions to send oxygen-containing blood to the brain and vital organs for a person who is not breathing and whose heart is not beating.

X. REVIEW

This standing order will automatically expire 30 days after the current physician whose signature appears below has ceased being Physician General or until a health care professional otherwise authorized to prescribe naloxone to the eligible persons does so as authorized under Act 139-2014, whichever occurs first. This standing order will be reviewed, and may be updated, if there is relevant new science about naloxone administration, or at least in 4 years.

MD050119-L

Physician General's Signature and License Number

6/10/15

Effective Date

Dr. Rachel Levine

Physician General's Name (Print)

This standing order may be revised or withdrawn at any time.