

# Naloxone Kit Distribution

## Emergency Department Medical Directive

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Medical Advisory Committee Approval Date: \_\_\_\_\_ (date)

### AUTHORIZING PRESCRIBER(S)

All \_\_\_\_\_ (hospital) Emergency Department Physicians

### AUTHORIZED PERSONNEL

Authorized to Emergency Department regulated health care professionals and physician assistants who are employees of \_\_\_\_\_ (hospital) and who have received training on dispensing take-home naloxone and who have reviewed the Naloxone Kit Distribution Policy and Procedures.

### PATIENT DESCRIPTION/POPULATION

Patients who use opioids, use substances including opioids, have experienced opioid overdose (OD), are at risk of opioid OD, and/or are likely to witness opioid OD.

### PROCEDURE

Distribute one Take-Home Naloxone Kit containing 2 doses of naloxone (see Note).

Provide training on the use of naloxone.

1. Retrieve Take-Home Naloxone Kit from medication room or designated storage area.
2. Record patient's name and date on pre-printed Take-Home Naloxone Kit label and affix to kit.
3. Give Take-Home Naloxone Kit to patient.
4. Provide patient with training on the use of naloxone as outlined in Naloxone Kit Distribution Record.
5. Complete Naloxone Kit Distribution Record.
6. Send copy of Naloxone Kit Distribution Record to Pharmacy.

**Note:** Naloxone 4 mg nasal spray is the preferred option for Take-Home Naloxone Kits; however, in the event of a shortage, naloxone 1 mL injectable solution may be supplied by Pharmacy or Public Health. Follow the same procedure above.

### CONTRAINDICATIONS TO THE IMPLEMENTATION OF THE DIRECTIVE

Patient refuses Take-Home Naloxone Kit.

Intended potential recipient of the naloxone has a known sensitivity to naloxone or one of its ingredients.

### CONSENT

Patient consent will be obtained prior to distributing Take-Home Naloxone Kit and providing training.

### DOCUMENTATION REQUIREMENTS

In addition to standard documentation, ensure the Naloxone Kit Distribution Record \_\_\_\_\_ (document ID and link) is completed. Original copy to stay on patient's chart with one copy to pharmacy.

### REVIEW/EVALUATION PROCESS

Every 2 years by \_\_\_\_\_ (relevant hospital department/body)