

NALOXONE ADMINISTRATION POLICY¹

Effective (date): _____

Authorizing prescriber: _____

Contact person taking responsibility: _____

Recipients

Any individual seen at this clinic that meets the conditions for use of this medical directive.

Authorized implementers

Any RAAM clinic staff member with the knowledge, skill, and judgment to safely implement this medical directive who is not authorized through another college.

Order and/or procedure

This medical directive includes delegation of the controlled act of administering a substance by inhalation.

In the event of a suspected opioid overdose:

1. Call 911 immediately.
2. Administer 4 mg/0.1 mL naloxone nasal spray intranasally.
3. Repeat naloxone administration in alternate nostrils (if previously administered in left nostril, switch to right nostril) every 2–3 minutes as needed until Emergency Medical Services are present.
4. If the individual does not have a pulse or is not breathing, inform the 911 operator and follow their recommendations until Emergency Medical Services arrive.

Indications

Any individual with signs of an opioid overdose, including but not limited to the following:

1. The individual is minimally responsive or unresponsive.
2. The individual's breathing is very slow, abnormal, or has stopped (i.e., respiratory rate of less than 10 breaths per minute).
3. You hear deep snoring or gurgling sounds coming from the individual's upper airway (agonal respirations).
4. The individual's fingernails or lips are blue or purple.
5. The individual's body is very limp.
6. The individual's pupils are very small.

¹ Adapted from materials provided courtesy of Addiction Services Central Ontario.

Contraindications

The individual is known to be sensitive to naloxone or one of its ingredients.

Consent

Prior to implementing the medical directive, the employee must obtain consent if the individual is capable of providing it. In an emergency situation, if the individual is not capable of providing consent, the employee may administer treatment without consent if, in their opinion, all of the following are true:

- The individual is incapable of providing consent with respect to the treatment;
- The individual is experiencing severe suffering or is at risk if the treatment is not administered promptly of suffering serious bodily harm; and
- It is not reasonably possible to obtain a consent or refusal on the individual's behalf or the delay required to do so will prolong the suffering that the individual is experiencing or will put the individual at risk of suffering serious bodily harm.

Documentation and communication

In addition to standard documentation, the employee must document the following in the individual's clinical record:

- Route and dose administered
- The name of this medical directive
- The name of the implementer
- Legible signature of implementer including credentials
- Date and time (unless documenting electronically)

For example, 4 mg naloxone administered intranasal as per Naloxone Administration Medical Directive, John Smith, Addictions Counsellor.

Review and quality monitoring

If issues related to using this medical directive are identified at any time, notify the clinical director or supervisor.

Medical directives will be reviewed, edited as necessary, and renewed every year by the clinical director and/or supervisor. If new information becomes available between routine renewals, the directive will be reviewed and edited as necessary. The contact person taking responsibility and authorized implementers identified in this medical directives will be notified when changes are made.

It is the organization's responsibility to attain and house appropriate signatures and documentation to support the use of this medical directive and to ensure that authorized implementers have the training, knowledge, skill, and judgment necessary to use this directive.

Administrative approval

Executive Director, RAAM clinic

Signature

Date

Approving prescriber(s)

Name and designation

Signature

Date

List of authorized implementers

| Name and Designation | Signature | Date |
|----------------------|-----------|------|
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