

Dispensing Take Home Naloxone Kits to Clients at Risk of Opioid Overdose (Adults and Youth)

Site Applicability

PHC: All sites

Practice Level

RN, RPN, LPN: Advanced Skill, Nurse Independent Activity (NIA)

- The following activities in this guideline may be performed as a *Nurse Independent Activity*:
 - Dispensing Naloxone to treat suspected opioid overdose
- **Note:** LPNs are limited to dispensing medications that have been prescribed, reviewed by a Pharmacist and prepared by Pharmacy, with the exception of Take Home Naloxone
- Required Education:
 - [LearningHub](#) Course: [Understanding Autonomous Practice & Nurse Independent Activities \(NIA\) / Nurse-Initiated Protocols \(NIP\)](#)
 - Train the trainer education from Nurse Educator AND [LearningHub](#) Course: [BCCDC - Naloxone Administration](#) OR equivalent previous training (as determined by unit NE)

REQUIREMENTS

NIA's:

- NIA's are supported by the clinical policy [BCD -11-11-40001](#)
- NIA's can only be used at sites where the NIA has been approved (See PHC [List of Approved NIA's](#))
- Physician/NP orders override the use of NIA's

Need to Know

Patients/clients with a history or current use of opioids (whether prescribed or non-prescribed), regardless of the reported or observed routes of consumption, are at risk of experiencing an overdose. Individuals who use other substances, such as stimulants, can also face overdose risk due to contamination from fentanyl and other toxic illicit opioids. Opioid overdose may lead to fatality or complications from oxygen deprivation.

Individuals who want to carry a kit and ask for it as well as those who use prescribed or non-prescribed substances and have received training and demonstrate understanding of opioid overdose prevention, recognition, and response are eligible to receive a Take Home Naloxone kit.

Equipment & Supplies

- BCCDC Take Home Naloxone (THN) Kits (ampoules of naloxone, syringes, alcohol swabs, gloves, breathing face mask, steps to respond to an opioid overdose sticker and overdose response information form)
- Providence Health Care medication dispensing labels


Protocol

When independently dispensing naloxone, RNs, RPNs and LPNs are required to meet the following expectations:

- Provide client education on overdose prevention, recognition and response, including how to use the kit
- Must follow [B-00-13-10167](#) Dispensing Medications (Nurses) and BCCNM [Dispensing Medications](#) Standards

Ordering in sites with Cerner:

Process to order as NIA:

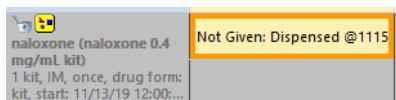
Go to Orders -> +Add -> type “naloxone” and press enter -> select “NIA Naloxone Kit Dispensing Process (Adults and Youth)”  NIA Naloxone Kit Dispensing Process (Adults and Youth) -> Done.

Physician name must be entered but as this is an NIA, select “No Co-signature Required”. The plan will be displayed -> click “Orders For Signature” -> sign. The kit will now appear on the Medication Administration Record (MAR).

Documentation

- Electronic MAR ([Cerner sites](#))

To dispense from MAR: Select the medication -> click box next to “Not Given” -> Reason: Dispensed. Click “Comment” Education given to patient. This will show up as:



- Health record and MAR ([sites without Cerner](#))
 - Medication name
 - Dose
 - Indication
 - Patient Education
- [All sites \(with and without Cerner\)](#): Label naloxone vial with pre-printed medication label ([Appendix A](#))

- Labels are **site specific**; ensure address is correct, prior to dispensing.
 - Blank dispensing labels for various sites can be found in FormFast (search “dispensing label”) or in your unit’s THN binder.
- Document if training and/or dispensing of kit was declined by client despite assessed risk and eligibility to receive a naloxone kit.
 - **In Cerner**, go to Documentation -> +Add -> under “*Type:”, select “Nursing Narrative Note” and title the note (e.g., “Declined THN training/kit”) and document any details in narrative section as appropriate.
 - **For sites without Cerner**, document in the progress notes.

Patient/Client/Resident Education

Address the following (see [Appendix B](#)):

- Risks of opioid overdose
- Recognizing signs and symptoms of opioid overdose
- Calling 9-1-1 immediately
- Naloxone administration and safekeeping
- Post-opioid overdose care
- Additional resources related to opioid [Overdose & Prevention](#)
- Offer and facilitate referral to substance use programs and resources as appropriate (e.g., [VCH Overdose Outreach Team](#))
- Provide resource for accessing replacement kits: <https://towardtheheart.com/site-finder>

Related Documents:

1. [B-00-13-10167](#) - Dispensing Medications (Nurses)
2. [B-00-04-10001](#) - Nurse Independent Activities (NIA)/Nurse Initiated Protocols (NIP) Approved at PHC
3. [B-00-13-10176](#) - Naloxone HCl (Narcan) Administration in the Management of Suspected Opioid Overdose in Community Settings (Adults & Youth) for Allied Health and Unregulated Care Providers
4. [BD-00-13-40094](#) – Opioid Overdose (Suspected): Management, Including Naloxone Administration without a Provider Order
5. BCCNM Dispensing Medications Standard for [RNs](#), [RPNs](#), and [LPNs](#)

Resources:

BCCDC [Toward the Heart](#) website

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Appendix A: Take Home Naloxone Medication Label Sample







	St Paul's Hospital 1081 Burrard St. Vancouver, BC
Unit: _____	604-682-2344 DATE:
Patient:	Prescriber:
Medication & Strength: naloxone 0.4 mg / 1 mL injection Quantity: 3	
<i>For reversal of opioid overdose</i> Dispensed by:	
Directions: Call 911. Inject 1 mL (0.4 mg) intramuscularly. If no improvement in 3 to 5 minutes, inject an additional 1 mL. If no improvement in 3 to 5 minutes, repeat.	
PH671 (R. Sep 8-16)	

Blank and site-specific dispensing labels are available in Cerner FormFast (search “dispensing label”). Most areas that dispense regularly have the prefilled template and print them by sheets.

Appendix B – Education Tool

Dispensing Take Home Naloxone Education Tool for Nurses to use when Educating Patients/Clients/Residents

Signs of a typical opioid overdose: Not moving and can't be woken, slow or no breathing, choking, gurgling sounds or snoring, tiny or pinpoint pupils, blue or grey/ashen lips and nails, cold or clammy skin (*Note: drug supply is unpredictable & not all overdoses look the same – when in doubt, use naloxone*)

SAVE ME steps	Client must demonstrate knowledge of:	Tips for trainers
 <p>Stimulate Unresponsive? CALL 911</p>	<p>S Stimulate "Shake and shout" Try to wake them up. Call their name, squeeze/pinch their shoulders (trapezius squeeze). Check if they are breathing – at least one breath per 5 seconds. If you cannot wake them call 911. If you have to leave the person unattended, put them in the recovery position.</p>	<p>Advise person to say out loud the actions that they are doing before they do them, especially if approaching a stranger (e.g., "I am going to squeeze your shoulders"). Have the person demonstrate a trapezius squeeze. Explain the importance of calling 911 at this time because the naloxone in the kit may not be adequate to reverse the overdose, the person might not be having an overdose and require additional medical care, and that the overdose can return when naloxone wears off.</p>
 <p>Airway</p>	<p>A Airway Look, listen, and feel if they are breathing. With your head above their mouth, look towards their chest for rising and falling. Check airway. Make sure there is nothing in their mouth that might keep them from breathing (e.g., gum, syringe cap). Tilt head and lift the chin to open airway.</p>	<p>Ask person to tuck chin down to chest and try to breathe – demonstrating how a relaxed tongue can block their airway. Demonstrate how moving their head can sometimes get them breathing again. Important: do not put fingers in the mouth! Can use the back of one of the capped syringes to remove debris from the mouth.</p>
 <p>Ventilate 1 breath every 5 seconds</p>	<p>V Ventilate Tilt head back, place barrier mask over mouth, plug nose, and give 2 breaths. Breath should be big enough to make person's chest rise. Continue to breathe for the person – one breath every 5 seconds (and ongoing).</p>	<p>Have the person demonstrate head tilt, chin lift, and how to open and use breathing mask. Point out that there are instructions written on the mask. Explain that HIV cannot be transmitted through mouth to mouth.</p>
 <p>Evaluate</p>	<p>E Evaluate Check if they have started breathing or have become responsive. If not, prepare the naloxone. If you are the only responder, give breaths as best as you can every 5 seconds while you prepare the medication. If there is another responder, have them continue breaths every 5 seconds.</p>	<p>If there is no naloxone, advise them to continue to breathe for the person – this is very important and can be very effective. Explain that brain damage can occur within minutes without oxygen. Advise to give a breath in between every step of medication preparation if responding alone.</p>
 <p>Muscular Injection 1 mL of naloxone Continue to provide breaths until the person is breathing on their own</p>	<p>M Medication Inject 1 mL (1 ampoule, 0.4mg) of naloxone into a muscle at a 90 degree angle (check the time). Inject into the outer thigh, upper outer buttock, or meaty part of the shoulder. The needles in the kit can penetrate through clothing. The kits contain VanishPoint syringes which should be placed in a pop bottle or sharps container as soon as possible.</p>	<p>Using the mock training supplies, have the person demonstrate how to break the ampoule and draw up medication. Have person describe or demonstrate instructions back to you. Explain to check expiry date on the kit/medication and keep medication stored away from any light.</p>
 <p>Evaluate 2nd dose? If no response after 3-5 minutes give another injection</p>	<p>E Evaluate & Support Wait 3-5 minutes while continuing to give breaths (about 40 breaths). Check for breathing and responsiveness. If no change, administer another dose. Repeat with 3rd dose in another 3-5 minutes if needed. If they become responsive, wait with them until the ambulance arrives - their overdose could return after 20-90 minutes and they may need another dose of naloxone. They may feel dope sick, advise them not to use any more drugs. Tell the paramedics what the person has taken (if known) and what actions you have taken. Arrange for someone to stay with the person for 2 hours if they decline to go with paramedics.</p>	<p>Remind the person to continue providing breaths if the person has not responded to the medication. Explain that naloxone takes 2-5 minutes to start working and it only temporarily reverses an overdose wearing off in 20-90 minutes. When naloxone wears off, an overdose can return. Remind them of the importance of calling 911 and staying with the person until the ambulance arrives.</p>