

Management of Suspected Opioid Overdose (Adults and Youth) (for Nurses, NPs and applicable Physicians)

Site Applicability

VCH: All VCH community and long-term care sites

Urgent and Primary Care Centers (UPCC)

Practice Level

Profession	Basic Skill	Advanced Skill
RN, RPN	<ul style="list-style-type: none"> Administer Naloxone without an order 	<ul style="list-style-type: none"> Administer Oxygen for Hypoxia without an order
LPN	<ul style="list-style-type: none"> Administer Naloxone without an order 	<ul style="list-style-type: none"> Administer Oxygen for Hypoxia without an order: <ul style="list-style-type: none"> When SpO2 is less than 92 percent on room air, or person is unresponsive, or cyanotic, or Respiratory rate is less than 10 breaths per minute.
MD (Vancouver Community (VC) Primary Care Physicians), NP	<ul style="list-style-type: none"> Administer Naloxone Administer Oxygen for Hypoxia 	

These guidelines are intended for use when no prescriber orders exist. Prescriber orders override RNs, RPNs, LPNs acting without an order.

Education includes:

- [VCH Harm Reduction](#) training course through, [LearningHub](#), or may be available through your trained program educator and/or clinical lead.
- [BCCDC – Naloxone Administration](#)
- LPNs: administer oxygen after successfully completing additional education (& following DSTs).

Clinical Indication

Suspected opioid overdose.

Requirements

RNs, RPNs, NPs, LPNs and VC Primary Care Physicians must follow the Provincial Decision Support Tool (DST) developed by the Provincial Health Services Authority (see practice guideline below) when providing care for adults who have overdosed or where opioid overdose is suspected.

Need to Know

On April 14, 2016 a public health emergency was declared by BC's provincial health officer to recognize the emerging toxic drug crisis in BC due to the significant increase in unintended overdose deaths caused by contaminated drugs. For current overdose data refer to [BCCDC Unregulated Drug Poisoning Emergency Dashboard](#)

The Health Professions Act – General Regulation (updated January 27, 2017) allows any person in any setting, including those who are not otherwise authorized, to assess for suspected opioid overdose and treat with first aid and/or CPR and naloxone.

Opioid overdose that is not detected or treated in a timely manner can lead to neurological damage or death from respiratory depression or cardiac arrest. Naloxone is a safe treatment that can be used to help prevent these outcomes in situations where opioid overdose is suspected.

Naloxone is a synthetic opioid antagonist, which competes for opioid receptor sites. It displaces previously administered opioids from their receptors, although it has no pharmacological activity as an independent agent.

Because naloxone's half-life is shorter than opioids, naloxone may wear off before the effects of the opioid/s do/does, placing the client at risk of re-overdose. All clients treated with naloxone are encouraged to go to hospital for follow-up and monitoring, and are considered as candidates for receiving a Take Home Naloxone kit and training.

Equipment and Supplies

Required:

- Safety syringes with IM/SC needles
- Alcohol swabs
- Gloves
- Breathing mask
- Sharps disposal container
- Naloxone ampoules (for IM/SUBCUT injection)

Note: The items above may be available in a VCH naloxone first aid kit

If available:

- Pulse oximeter
- O₂ supply with nasal prongs/mask
- Oral/Nasal airway
- Bag Valve Mask
- Hepa filter

Guideline

When managing a suspected opioid overdose, follow the [BCCDC Administration of Naloxone DST](#). This document provides detailed guidance on the assessment, management and follow-up care for clients who have overdosed on opioids or in situations where an opioid overdose is likely

If your site has established opioid overdose procedures, continue to follow those procedures (for example, calling a Code Blue). Sites with manager approval and who are equipped and trained to use oxygen and bag-valve-masks may refer to D-00-13-30230: [Opioid Overdose: Advanced Interventions in Community Health Settings](#).

In VCH sites with Code Blue or Emergency Response teams, they will be called instead of (or in addition to) 911.

Expected Patient/Client/Resident Outcomes

- Achieve adequate spontaneous ventilation
- Prevent negative sequelae such as neurological damage or death from respiratory depression or cardiac arrest

Documentation

- Refer to site documentation standards.
- Nurse Initiated Activities (NIA): Refer to LearningHub [NIA Course](#)

Patient and Family Education

The BCCDC Provincial DST for the use of naloxone HCl (Narcan) in the management of suspected opioid overdose in outreach and harm reduction settings provides client education information.

Related Documents

- [BCCDC Toolkit: Responding to Opioid Overdose for BC Service Providers](#)
- [Opioid Overdose: Management of suspected opioid overdoses in Community Settings for Allied Health and Unregulated Providers](#)
- [Toward the Heart Training Manual: Overdose Prevention, Recognition and Response](#)
- [Episodic Overdose Prevention Service](#)

Related Policies

- VCH Policy: [Nurse Independent Activities \(NIA\) and Nurse-Initiated Protocols \(NIP\)](#)

Guidelines/Procedures/Forms

- [Dispensing Naloxone Kits to Clients at Risk of Opioid Overdose \(Adults & Youth\)](#)
- [Opioid Overdose: Advanced Interventions in Community Health Settings](#)

References

- College of Registered Nurses of British Columbia. (2016). *Scope of practice for registered nurses*. (Scope of Practice No. 433 June 10, 2016). Vancouver, BC: College of Registered Nurses of British Columbia.
- College of Registered Psychiatric Nurses of British Columbia. (2016, March 15). *Scope of practice for registered psychiatric nurses: Standards, limits and conditions*. Port Moody, BC: College of Registered Psychiatric Nurses of British Columbia.

College of Licensed Practical Nurses of British Columbia (2016, November 5). *Scope of practice for Licensed Practical Nurses*. Burnaby, BC: College of Licensed Practical Nurses of British Columbia.

Province of British Columbia *Ministerial Order M 021: Order of the Minister of Health: Health Authorities Act* (Jan 20, 2017).

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