HURON PERTH HEALTHCARE ALLIANCE

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MEDICAL DIRECTIVE

Medical Directive	Naloxone Kit Distribution in the Emergency Department
Directive #	MD-ED-030
Approval	Medical Advisory Committee
Date	June 27, 2019
Signature	Jamie Moore
Review/Revision Date	New – June/19
Specific to	HPHA Emergency Departments

Description of Procedure:

- Identify individuals who may benefit from receiving a Naloxone kit:
  - ED patients at high risk of an **opioid** overdose **or**;
  - A family member, friend or other individual who presents to the ED and self identifies being in a position to assist someone at risk of overdose from opioids.

  Note: Individuals at high risk of an opioid overdose may include:
    - Those currently using opioids;
    - Past opioid users at risk of returning to opioid use;
- Offer a Naloxone kit with related overdose prevention teaching and complete required documentation.
- Once the individual consents to receive the Naloxone kit and related teaching, remove kit from the Emergency Department (ED) Omnicell under their registered name.
  - Each kit contains two doses of Narcan® naloxone hydrochloride 4 mg/0.1 mL for intranasal injection to treat opioid overdose.
- Perform each step detailed on the *HPHA Naloxone Kit Dispensing Procedure and Education Checklist* and dispense one kit.
- If the individual's only reason for visit is a Naloxone kit request, Nurses may discharge the individual without a physician assessment once the specific patient conditions below have been met.
  - If the individual presents with any other medical concern(s), they must be assessed by the physician prior to discharge.

Note: The term *"individual"* is used in this medical directive as a descriptor for children and adults. The safety and effectiveness of NARCAN® Nasal Spray have been established in pediatric patients of all ages for known or suspected opioid overdose.

Authorized To:

RNs and RPNs employed in HPHA Emergency Departments who have successfully completed an educational component specific to this medical directive.

Specific Patient Conditions:

- The individual must be registered to the Emergency Department and;
- The individual for whom the kit is intended is at high risk of an **opioid** overdose and;
- The individual consents to overdose prevention training provided by the ED nurse prior to the kit being dispensed.

Contraindications:

- Any individuals for whom implementing the directive would delay treatment.
- Any individual who is being admitted.
- Any individual who does not consent to receive the kit.
- Any individual who does not consent to receive the accompanying overdose prevention training.
- The individual for whom the Naloxone is intended for is not consuming opioids.
- The individual for whom the Naloxone is intended for has any known allergies to Naloxone.

Reasons to seek immediate medical consultation or discontinue procedure/ treatment/intervention:

- Deterioration in the individual's condition or vital signs.

Documentation:

- Implementation of the Medical Directive including name and number of the directive, name, signature and credentials of the implementer and name of the attending physician in the order section of the ED chart.
- For each individual being dispensed a naloxone kit, nurses must complete and sign the *HPHA Naloxone Kit Dispensing Procedure and Education Checklist* and file it with the individual's paper chart.
  Note: the *HPHA Naloxone Kit Dispensing Procedure and Education Checklist* is attached to every Naloxone kit located in the Omnicell.

Quality Assurance

- The Medical Program Director, Emergency Medicine will approve the education component of the Medical Directive.
- The ED RN/RPN will have completed an educational component specific to this medical directive to be eligible to implement the directive.
- An annual review will be conducted at the discretion of the HPHA Emergency Care Team to review the appropriateness of the Medical Directive.

Originator	HPHA Educators
Current Review/Revision	June 2019
Responsibility	HPHA Emergency Care Team
Distribution	HPHA Emergency Department Manuals

Reference(s):

Adapt Pharma. (2017). Highlights of Prescribing Information [Narcan® Nasal Spray].

Alexandra Hospital Ingersoll & Tillsonburg District Memorial Hospital. (2019). Clinical Policy: Naloxone Kit Distribution in the Emergency Department.

Canadian Mental Health Association of Ontario. (2017). Reducing Harms: Recognizing and Responding to Opioid Overdoses in Your Organization. Retrieved from: http://ontario.cmha.ca/wp-content/uploads/2017/11/CMHA-Ontario-Reducing-Harms-Nov-20-2017.pdf

Listowel Wingham Hospital Alliance. (2018). Naloxone Rescue Kit Program Staff Checklist.

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Affix patient label

HPHA Naloxone Kit Dispensing Procedure and Education Checklist

To Dispense a Naloxone Kit:

- ☐ Register and triage the individual according to CTAS guidelines
- ☐ Ensure they meet the Specific Patient Conditions as outlined in the Medical Directive.
- ☐ Document the use of the medical directive in the order section of the ED chart.
- ☐ Remove one Naloxone kit from the Omnicell under the patient's name.
- ☐ Affix a patient label to the *HPHA Naloxone Kit Dispensing Procedure and Education Checklist*.
- ☐ Complete and sign the *HPHA Naloxone Kit Procedure and Education Checklist*, then file with patient's paper chart.

The following education checklist must be completed and signed **PRIOR** to giving the Naloxone kit to the individual.

Provide Education:

Review the following with the individual receiving the kit:

- ☐ ***HPHA Naloxone Kit Distribution Program Quick Reference Guide***
- ☐ Signs of opioid overdose:
  - o Slow or absent breathing, fingernails/lips blue, unresponsive when shaking their shoulders or shouting their name, deep snoring/gurgling sound, and body is limp.
- ☐ Contents of the Naloxone kit with patient and/or caregiver.
- ☐ Each step in the *"5 Steps to Respond to an Opioid Overdose*" insert included in each kit.
- ☐ Reinforce the importance of notifying Emergency Medical Services (9-1-1) and the need to present to the Emergency Department for assessment after Naloxone has been given.
- ☐ Kit expiry date (located on kit).

Nurse's Name (print):_____

Nurse's Signature:_____

Date and time: _____