Naloxone Standing Order

Administration of Intranasal Naloxone to Any Person Suspected of Opioid Overdose in an Ambulatory Setting

The indication for naloxone is opioid-induced respiratory depression. The goal of care is to improve ventilation and oxygenation without precipitating acute withdrawal.

If a person is suspected of experiencing opioid overdose by exhibiting signs of opioid overdose which include:

a. Depressed respiratory rate or abnormal character of breathing (apnea, shallow breathing, etc.)
b. Miotic (pinpoint) pupils
c. Depressed mental status
d. Bradycardia
e. Cold, clammy skin
f. Cyanosis

The assessment will be conducted by a Licensed Clinical Staff member. After assessment and determination of need for naloxone, clinical staff may enter order and administer:

Naloxone 4 mg/spray intranasally completely into one nostril.

A Licensed Clinical staff member must stay with patient and assess effects of naloxone.

After 5 minutes, if there is no response, or only a partial response* to the first dose of naloxone, a second dose may be administered by a provider into the alternate nostril. Please note that the timing of the second dose is different than the package insert. A maximum of 2 doses (8 mg) of naloxone may be given.

*Partial response is indicated by lack of return to normal respiratory rate.