Medical Directive:	**MEDICAL DIRECTIVE: ADMINISTRATION OF INTRAMUSCULAR/SUBCUTANEOUS NALOXONE FOR OPIOID OVERDOSE**		
Performed by:	All RN's and RPN's of Residence		
Approved by:	Executive Director		
Date Approved:	October 2021	*Date Revised:*	

Signatories:

Medical Director:	_____ Dr. Vincent, MD	Date: _____ DD/MM/YYYY
Director of Residence Care:	_____ Kate Cholewa, RN	Date: _____ DD/MM/YYYY

Medical Directive Description:

The administration of naloxone as an opioid antagonist in the event of respiratory depression and marked changes in level of consciousness induced by opioids that may be related to or precipitated by opioid medication administration and is not expected as part of the current disease process. Physicians and Nurse Practitioners with admitting privileges to Hospice Care Ottawa (HCO) residences agree to authorization of the Medical Directives.

Regulated Health Professional (s) Authorized to Implement Directive:

Registered Nurses (RN) and Registered Practical Nurses (RPN) who have completed a learning package and quiz to the administration of naloxone.

Indications:

- The patient has pin-point pupils
- The patient has a **marked change in level of consciousness** that is not expected as part of the current disease process that may be related to or precipitated by opioid medication administration. This would include sudden somnolence from which the patient is unarousable (not asleep).
- The patient has a **marked change in respiratory status** that is not expected as part of the current disease process and that may be related to or precipitated by opioid medication administration. This would include shallow respirations with a rate of less than 8/minute, associated with evidence of inadequate ventilation and hypoperfusion, such as low O_2 saturation and hypotension.
- Unable to reach The Most Responsible Physician (MRP) of the patient or Medical Director or Site Lead

Exclusions

Naloxone is not indicated for:

- Opioid induced drowsiness and/or delirium that is not life-threatening
- Patients on opioids who are dying as a natural result of their disease progression
- Symptoms induced by non-opioids such as benzodiazepines.

Implementation of Directive

1. Request a designate to reach someone to help manage the care (in this order) while you implement the directive:
    a. The Most Responsible Physician (MRP) of the patient
    b. Medical Director or Site Lead
    c. On- Call Nurse
    d. Director of Residence Care
    e. Executive Director
2. Stop opioid administration by CADD pump or by removal of any opioid dermal patches.
3. Obtain the following supplies:
    a. Naloxone 0.4 mg per 1 mL amp from the med cupboard
    b. 1 mL syringes x 4
    c. 25 gauge needles x 4
4. Prepare the naloxone:
    a. Draw up the naloxone (0.1mg/0.25mL) in each 1mL syringe.
5. You will be administering the naloxone subcutaneously (subcut) or intramuscular injection (IM). Do not use an existing subcutaneous access port to avoid potential issues with interactions with other medications.
6. The initial order for naloxone will be 0.1 mg (0.25 mL) subcut or IM q2 minutes prn to keep respiratory rate greater than 8 breaths per minute.
7. After the initial dose has been administered, wait 2 minutes and then assess the patient for their response. A positive response would be a respiratory rate of greater than 8 per minute and a greater level of arousal.
8. If the patient did not respond to the first dose after 2 minutes, administer another 0.1 mg (0.25 mL) subcut or IM and reassess in 2 - 5 minutes. Repeat until respiratory rate is greater than 8 breaths per minute and the patient has a greater level of arousal.
9. *If there is no response to Naloxone after 2 amps of naloxone, consider other causes of sedation and respiratory depression (e.g. benzodiazepines, CVA).*
10. Keep syringe of naloxone available. The duration of action of naloxone is considerably shorter than the duration of action of most short-acting opioids. A repeat dose of naloxone may be needed.
11. Monitor for adverse effects of the naloxone administration. Monitor vital signs (RR, BP, HR) every 15 minutes for the first 2 hours, then every 30 minutes for the next 4 hours.

12. Wait until there is sustained improvement in consciousness before restarting opioids at a lower dose.

Documentation

- Document the administration of naloxone as 'order per Medical Directive for Naloxone' on the physician's order form, along with the name and legible signature of the implementer including credentials.
- Document the route and dose(s) of the naloxone on the medication administration record (MAR).
- Document the events leading up to the decision to initiate the medical directive related to the administration of naloxone in the progress notes
- Document that the patients' physician or the Medical Director/Medical Lead has been notified of the administration of the naloxone in the progress notes.
- Document that the POA or SDM has been notified in the progress notes
- Complete an Incident Report if you have implemented this Medical Directive

Management of Untoward Outcomes

Any untoward event suspected to be related to the implementation of this Medical Directive, is reported to the MRP or physician on duty and the Team Leader or after hours the On Call nurse. The event is documented in the progress notes

Education Process for Implementation of this Medical Directive

RN/RPNs are guided by their respective professional practice standards and are accountable at all times for their own practice and actions. Each are also accountable to acquire and maintain the level of competence required for the ongoing provision of safe and effective care along with being able to recognize the limits of their practice and competence.

The educational process required for the implementation of the medical directive include:

1. Understanding the policy in place related to the administration of naloxone to a palliative patient.
2. Completion of the learning package and quiz prepared by HCO related to the use of opioids at end of life, signs and symptoms of opioid overdose and the administration of naloxone medical directive.

References: References / bibliography are available at HCO

UK Medicines Information Pharmacists (2019). What naloxone doses should be used in adults to urgently reverse the effects of opioids? Accessed July 2020 at NHS Specialist Pharmacy Service.

https://www.sps.nhs.uk/articles/what-naloxone-doses-should-be-used-in-adults-to-reverse-urgently-the-effects-of-opioids-or-opiates/

Twycross R, Wilcock A, Howard P, editors.(2013) Opioid Antagonists. *Journal of Pain and Symptom Management* 47(2) 341-352. Accessed via University of Leicester Library; July 2020. **http://dx.doi.org/10.1016/j.jpainsymman.2013.12.223**