



Standing Order for Distribution of Naloxone Prescription for Overdose Prevention.

Medication Covered by this order: Naloxone Hydrochloride (Narcan®) is a medication indicated for reversal of opioid overdose in the event of a drug overdose that is the result of consumption or use of one or more opioid-related drugs causing a drug overdose event. It is contraindicated in patients known to be hypersensitive to naloxone hydrochloride.

I. Purpose

This Standing Order is intended to ensure that residents of the State of Vermont who are at risk of experiencing an opioid-related overdose, or who are family members, friends or other persons who are in a position to assist a person at risk of experiencing an opioid-related overdose (Eligible Persons), are able to obtain naloxone. This Order is not intended to be used by organizations who employ or contract with medical staff who are authorized to write prescriptions. Such organizations should utilize the medical professionals with whom they have a relationship to write prescriptions specific to personnel who would be expected to train in the administration of naloxone.

II. Authority

This Standing Order is issued pursuant to 18 V.S.A. § 4240 (c)(1) which permits health care professionals otherwise authorized to prescribe naloxone to prescribe it via standing order to Eligible Persons.

III. Authorization

This standing order may be used by Eligible Persons as a prescription or third-party prescription to obtain Narcan. This order is authorization for pharmacists to dispense naloxone and devices for its administration in the forms prescribed herein.

Eligible Persons should be provided with the following:

1. Narcan Nasal Spray
2. Patient information pamphlet with overdose prevention information and step-by-step instructions for overdose responses and Narcan® administration

IV. Training, Instructional Materials, and Liability

Prior to obtaining naloxone under this standing order, Eligible Persons shall review instructional materials or complete a training program approved by the Vermont Department of Health such as the one found online at:

<http://healthvermont.gov/adap/treatment/naloxone/index.aspx> .

Persons who administer naloxone to a victim shall be immune from civil or criminal liability so long as he or she believes, in good faith, that the victim is experiencing an opioid-related overdose, and he or she immediately calls for emergency medical services if medical assistance has not yet been sought or is not yet present. A healthcare professional who dispenses or distributes naloxone to persons at risk of experiencing an opioid-related overdose; or a family member, friend, or other person in a position to assist a person at risk shall be immune from civil or criminal liability with regard to the subsequent use of the naloxone.¹

V. Signs and Symptoms of Opioid Overdose

1. History of current narcotic or opioid use or fentanyl patches on the skin or needle in the body
2. Unresponsive or unconscious individuals
3. Not breathing or slow/shallow respirations
4. Snoring or gurgling sounds (due to partial upper airway obstruction)
5. Blue lips and/or nail bed
6. Pinpoint pupils
7. Clammy skin
8. Note that individuals in cardiac arrest from all causes share many symptoms with someone with an opioid overdose (unresponsiveness, not breathing, snoring/gurgling sounds and blue skin/nail beds). If there is no pulse, these individuals are in cardiac arrest and require CPR.

VI. Appropriate Use and Directions

Eligible Persons should be aware of the following information when dealing with a person who is suspected of experiencing an opioid overdose event:

1. Call 911 for EMS to be dispatched.
2. In cardiac arrest or pulseless patients: Call 911 for EMS and start CPR if able and trained to do so. In cardiac arrest, CPR is the most important treatment and

¹ See <http://legislature.vermont.gov/statutes/section/18/084/04240> .

any attempt to administer naloxone should not interrupt chest compressions and rescue breathing.

3. Naloxone should only be given to someone suspected of opioid overdose as noted in the signs and symptoms listed in Section V above.
4. In respiratory arrest or a non-breathing patient: If able to do rescue breathing, rescue breathing takes priority over naloxone administration. Administer naloxone if possible while doing rescue breathing.
5. Administration of naloxone (only give to someone with suspected opioid overdose based on signs and symptoms listed in Section V above).
6. Intra-nasal Narcan Nasal Spray Instructions for use:
 - A. Insert the end of the device into the nostril of the victim. Push the middle portion of the nasal device to spray 4 mg of naloxone into one nostril.
 - B. Continue to monitor breathing and pulse. If not breathing, give rescue breathing. If no pulse, start CPR, if able and trained to do so.
 - C. Remain with the person, monitor breathing/pulse, and provide rescue breathing or provide CPR if needed, until he or she is under care of a medical professional, such as a physician, nurse, or EMS.

VII. Key Information for Persons Carrying naloxone

1. If you believe someone is experiencing an opioid overdose, call 911.
2. Remain with the person until first responders arrive. State Law provides that if you seek medical assistance for someone who is experiencing a drug overdose, you shall not be cited, arrested, or prosecuted for the possession of regulated drugs at the scene of the overdose if you call 911, provide all necessary information and remain with the person in distress.
3. Become familiar with how to use naloxone before someone needs it, through the pharmacist, your medical provider, or online training.
4. Be aware that persons who had been administered Narcan may be often confused momentarily after regaining consciousness.
5. If you have questions about the proper use of naloxone, ask the pharmacist, contact your health care provider, or go to the VDH website at <http://healthvermont.gov/adap/treatment/naloxone/>

VIII. Review

This standing order shall remain in effect until August 31, 2019, unless earlier revoked. This standing order will be reviewed and updated if there is relevant new science about naloxone administration, or if the current Commissioner of Health ceases being Commissioner.



Mark Levine, MD, Commissioner

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Effective Date

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