**STANDING ORDER FOR NALOXONE DISTRIBUTION FOR OVERDOSE PREVENTION**

*Narcan® Nasal Spray (naloxone HCL) (4mg/0.1mL)*

Naloxone Hydrochloride (naloxone) is an opioid antagonist indicated for the reversal of an opioid overdose, whether from legally prescribed opioids or from illegal opioids such as heroin or illegally produced fentanyl, in the setting of respiratory depression or unresponsiveness.

1. **PURPOSE**

This standing order is intended to ensure that naloxone is readily obtainable by a person who is:

* 1. An individual at risk of experiencing an opioid‐related overdose; or
	2. A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.
1. **AUTHORITY**

This standing order is issued pursuant to NDCC 23-01-42, which states a health care professional acting in good faith may directly or by standing order prescribe, distribute, or dispense an opioid antagonist, if the health care professional first provides training.

1. **AUTHORIZATION**

This standing order may be used as a prescription to obtain naloxone. This order is authorization for the dispensation of Narcan® Nasal Spray (naloxone HCL) (4mg/0.1mL) to be administered in the event an opioid overdose is suspected.

1. **ORDER TO DISPENSE**

Upon delivery of basic instruction and information on how to recognize and respond to a possible opioid overdose and how to administer naloxone, dispense one package of two 4mg doses of Narcan® Nasal Spray (naloxone HCL) (4mg/0.1mL), NDC 69547‐353‐02.

1. **APPROPRAITE USE AND DIRECTIONS**
	1. Call 911 as soon as possible for a person suspected of an overdose with respiratory depression or unresponsiveness and initiate rescue breathing.
	2. Administer naloxone as to the patient according to guidelines provided in training.

Intranasal naloxone with Narcan® Nasal Spray:

‐ Deliver one spray into one nostril. (Do not “prime” or test the spray device before spraying it into the nostril, as this will waste the medicine.)

‐ Repeat with the second nasal spray device in the opposite nostril if there is no response after 2‐3 minutes, or if the victim relapses back into respiratory depression or unresponsiveness before emergency assistance arrives.

1. **CONTRAINDICATIONS**

Do not administer naloxone to a person with known hypersensitivity to naloxone or to any other ingredients listed in the packaging insert for naloxone.

1. **PRECAUTIONS**

Naloxone is not effective against respiratory depression due to non-opioid drugs. Initiate rescue breathing or CPR as indicated and call 911.

1. **ADVERSE REACTIONS**

Abrupt reversal of opioid depression may result in nausea, vomiting, sweating, abnormal heart beats, fluid development in the lungs and opioid acute withdrawal syndrome, increased blood pressure, shaking, shivering, seizures, and hot flashes.

1. **EXPIRATION AND REVIEW**

This standing order will automatically expire on:

|  |
| --- |
| Click here to enter text. |

or the date naloxone may be approved as an over-the-counter medication, whichever occurs first. It may be reissued annually. This standing order will be reviewed, and may be updated, if there is relevant new science about naloxone administration.

|  |
| --- |
| Printed Name (First, Last, Suffix): |
| Click here to enter text. |
| Title: |
| Click here to enter text. |
| NPI Number: |
| Click here to enter text. |
| License Number: |
| Click here to enter text. |

|  |
| --- |
| Signature: |
|  |
| Date: |
| Click here to enter text. |

**NALOXONE DISTRIBUTION FORM**

\_\_\_\_\_\_\_ I certify that I am at least 18 years of age.

\_\_\_\_\_\_\_\_I have received information on how to recognize and respond to a possible opioid overdose.

\_\_\_\_\_\_\_ I have received basic instructions on how to administer naloxone.

\_\_\_\_\_\_\_ I understand that I may, if acting in good faith, self-administer an opioid antagonist or administer an opioid antagonist to another individual who the administering individual suspects is at risk of experiencing an opioid overdose.
*NDCC 23-01-42*

|  |
| --- |
| Printed Name: |
| Click here to enter text. |
| Signature: |
|  |
| Date: |
| Click here to enter text. |

**Naloxone Distribution**

|  |  |
| --- | --- |
| **DATE:** | **DISTRIBUTED BY:** |
|  |
| **Name (please print)** | **Email** | **Please Check Below** |
|  |  | **I am over 18** |  | **I have received training** |  |
|  |  | **I am over 18** |  | **I have received training** |  |
|  |  | **I am over 18** |  | **I have received training** |  |
|  |  | **I am over 18** |  | **I have received training** |  |
|  |  | **I am over 18** |  | **I have received training** |  |
|  |  | **I am over 18** |  | **I have received training** |  |
|  |  | **I am over 18** |  | **I have received training** |  |
|  |  | **I am over 18** |  | **I have received training** |  |
|  |  | **I am over 18** |  | **I have received training** |  |
|  |  | **I am over 18** |  | **I have received training** |  |
|  |  | **I am over 18** |  | **I have received training** |  |
|  |  | **I am over 18** |  | **I have received training** |  |
|  |  | **I am over 18** |  | **I have received training** |  |
|  |  | **I am over 18** |  | **I have received training** |  |
|  |  | **I am over 18** |  | **I have received training** |  |
|  |  | **I am over 18** |  | **I have received training** |  |
|  |  | **I am over 18** |  | **I have received training** |  |
|  |  | **I am over 18** |  | **I have received training** |  |

***Use a separate page for all new distribution dates***