New Mexico Department of Health
Public Health Division
Registered Overdose Prevention and Education Programs
NALOXONE STANDING ORDER

Authority: NMSA 1978, 24-23-1.B: Any person acting under a standing order issued by a licensed prescriber may store or distribute an opioid antagonist; and NMSA 1978, 24-23-1.F A licensed prescriber may directly or by standing order prescribe, dispense or distribute an opioid antagonist to: 1) a person at risk of experiencing an opioid-related drug overdose; 2) a family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose; 3) an employee, volunteer or representative of a community-based entity providing overdose prevention and education services that is registered with the department; or 4) a first responder.

Purpose: To contribute to decreasing morbidity and mortality related to opioid overdose, this standing order permits:

- Clinical staff of registered overdose prevention and education programs (OPE) to obtain, store, and dispense/distribute naloxone to eligible clients; and
- Non-clinical staff and volunteers of OPE's who have completed the NMDOH Hepatitis and Harm Reduction Certification training to obtain, store and distribute naloxone to eligible clients.

Naloxone storage for OPE's: naloxone may be stored at any OPE so long as the storage location is kept secure, with entry limited to Hepatitis and Harm Reduction Certified staff and individuals designated by the OPE to have access.

Assessment:

1. Clients presenting for opioid overdose prevention services are eligible for management under this standing order. Clients are eligible if they have received training through an approved overdose prevention and education curriculum. Eligible clients include:
    - A person at risk of experiencing an opioid-related drug overdose;
    - A family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose;
    - An employee, volunteer or representative of a community-based entity providing overdose prevention and education services that is registered with the department; and,
    - A first responder.

2. If any of the above conditions are not met, contact a licensed healthcare provider for an order.

3. If a client has insurance or other means to access or obtain naloxone through their primary health care provider or through a pharmacy, they should be encouraged to obtain naloxone through those sources. However, this should not

be a barrier to providing them with the education or medication if they are unable to reasonably access naloxone through other means.

4. Assess the client who presents for contraindications and precautions, including:
   - Contraindications: hypersensitivity or allergy to naloxone.
   - Precautions:
     - Anaphylactic shock may occur in those allergic to naloxone or any component of the medication.
     - Acute withdrawal symptoms may occur in individuals currently using opioids including: body aches, fever, sweating, runny nose, sneezing, yawning, weakness, shivering or trembling, nervousness, restlessness or irritability, diarrhea, nausea, abdominal cramps, increased blood pressure and tachycardia.
     - Respiratory depression may occur due to other substances - naloxone is not effective against respiratory depression due to non-opioid substances.
     - Reversal of respiratory depression by partial agonists or mixed agonist/antagonists, such as buprenorphine, may be incomplete or require higher doses of naloxone.

Order

1. At initial enrollment:
   - Document as an Initial Enrollment using the *Naloxone Enrollment and Record of Use Form*.
   - Dispense as available:

     Two (2) Naloxone 2 mg/2 ml in prefilled syringe for intranasal use
     AND
     Two (2) Mucosal Atomization Devices (MAD)

     OR

     Two (2) Naloxone 4 mg/0.1 ml in FDA-approved intranasal administration devices

     More than two prefilled-syringes of naloxone and MADs, or FDA-approved intranasal naloxone devices, may be provided if the client indicates one of the following:
     a) Lengthy travel to reach the program location;
     b) Limited hours of the program location; or
     c) Potential to use multiple doses prior to ability to return to the program location.

2. For clients presenting for a refill:
   - Document as a Record of Use using the *Naloxone Enrollment and Record of Use Form.*
   - Dispense as available:

     Two (2) Naloxone 2 mg/2 ml in prefilled syringe for intranasal use

AND
Two (2) Mucosal Atomization Devices (MAD)

OR

Two (2) Naloxone 4 mg/0.1 ml in FDA-approved intranasal administration devices

More than two prefilled-syringes of naloxone and MADs, or FDA-approved intranasal naloxone devices, may be provided if the client indicates one of the following:

a) Lengthy travel to reach the program location;
b) Limited hours of the program location; or
c) Potential to use multiple doses prior to ability to return to the program location.

3. Advise clients that the use of naloxone in individuals with contraindications or precautions may cause adverse effects.

4. Offer all clients a copy of the drug information sheet located at http://nmhealth.org/about/phd/idb/hrp/

5. Offer all clients a copy of the *Overdose Prevention and Rescue Breathing in 20 Minutes or Less* educational handout, located at http://nmhealth.org/about/phd/idb/hrp/

Administration

For any individual who presents with a possible overdose:

1. Activate EMS/call 911.
2. Administer intranasal naloxone by inserting the atomizer end into the nostril and pushing the plunger at the base of the device. Either of these devices may be utilized:
    a. *Naloxone 2 mg/2 ml in prefilled syringe for intranasal use using a Mucosal Atomization Device (MAD). Administer ½ of the medication in each nostril.*
    OR
    b. *Naloxone 4 mg/0.1 ml in FDA-approved intranasal administration devices. Administer all of the medication in one nostril.*

    Warning: Naloxone reversal of an opioid overdose can be rapid – following administration, the patient may regain consciousness quickly, but may be confused, agitated, irritable, and/or combative (due to precipitated withdrawal and possibly due to hypoxia). Safely restrain the patient and find a quiet place for the client to rest.

3. Provide rescue breathing as needed. If rescue breathing is not necessary, place the patient on their side (to prevent aspiration).

4. If a comatose patient with suspected overdose fails to awaken with naloxone within 5 minutes, **administer a second dose of naloxone** (prefilled syringe or spray) via one of the two intranasal forms as above. Consider alternate causes for the condition (e.g., MI, hypoglycemia).

5. Stay with the individual until EMS or other medical services arrive. Naloxone may rarely cause adverse effects in individuals with contraindications, so the person must be observed during this time, either by the person who administered naloxone, another trained individual, EMS personnel, or a clinically licensed individual.

6. Naloxone wears off after 30-90 minutes - respiratory depression may re-occur with long-acting opioids. Additional doses of naloxone may be required until emergency medical assistance becomes available.

7. Report the incident to the Hepatitis and Harm Reduction Program utilizing the *Naloxone Enrollment and Record of Use Form* located at: http://nmhealth.org/about/phd/idb/hrp/

This standing order shall remain in effect until rescinded.

Licensed Prescriber	NPI	Signature	Date
Christopher Novak PHD Medical Director	1508834110		10/4/2016