



Policy 634: Leave Behind Naloxone

Revision: New
Effective X/X/XX

- I. Scope
 - A. To contribute to decreasing morbidity and mortality related to opioid overdose.
 - B. This standing order permits clinical and non-clinical staff who have completed Naloxone Training to distribute naloxone to eligible clients from CDPH-provided supplies. Restock of harm reduction naloxone will be through the EMS Innovator or Medic 100.
- II. Distribution
 - A. Eligible clients include any person at risk of experiencing an opioid-related drug overdose, or a family member, friend or other person able to assist a person at risk of experiencing an opioid-related drug overdose.
 - B. Assess the client who presents for contraindications and precautions, including:
 - 1. Contraindications: hypersensitivity or allergy to naloxone.
 - 2. Precautions:
 - a) Anaphylactic shock may occur in those allergic to naloxone or any component of the medication.
 - b) 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.
 - c) Persons, especially those with pre-existing cardiovascular disorders, should be closely monitored in an appropriate healthcare setting after receiving naloxone.
- III. Order
 - A. Document in ImageTrend on Narrative screen “Innovator Followup”, then select “Narcan left on scene” from the dropdown menu.
 - B. Distribute as available one box (two naloxone 4 mg/0.1 ml) intranasal administration devices.
 - C. Offer all clients a copy of the Naloxone Fact Sheet (English or Spanish).