# Lakeridge Health

### Take-Home Naloxone Kit – Medical Directive

### Medical Advisory Committee Approved: 24APR2018

Harmonized

A printed copy of this document may not reflect the current, electronic version on Lakeridge Health's Intranet, 'The Wave.' Any copies of this document appearing in paper form should ALWAYS be checked against the electronic version prior to use.

# **Authorizing Prescriber(s)**

Rapid Access Addiction Medicine Clinic Physicians and Infectious Disease Physicians supporting the Positive Care Clinic.

#### **Authorized to Whom**

Lakeridge Health (LH) Mental Health and Addiction Program, Pinewood Centre staff, Rapid Access and Addictions Management Clinic, and Positive Care clinic staff who have successfully completed the Take-Home Naloxone Kit in-person training provided by Public Health or Pinewood Mental Health and Addictions Program Nurse Practitioners (NPs) or Clinical Practice Leaders.

### **Patient Description/Population**

Any Lakeridge Health patient or family member or caregiver within Lakeridge Health's Pinewood Mental Health and Addictions Program or Positive Care clinics who meet any one of the criteria indicated below.

#### Order and/or Procedure

Distribute one Take-Home Naloxone Kit following the procedure below:

- Retrieve Take-Home Naloxone Kit from medication room or designated storage location.
- Record name and date on pre-printed Take-Home Naloxone Kit label(s) and affix to kit.
- 3. Complete the Naloxone Kit Distribution Record.
- 4. Provide patient/family/caregiver with required education.
- 5. Send copy of Naloxone Kit Distribution Record to Pharmacy.

**Note:** Naloxone nasal spray is the preferred option for Take-Home Naloxone Kits; however, in the event of a shortage, naloxone injection may be supplied by Pharmacy or Public Health. Follow the same procedure above.

# Indications to the Implementation of the Directive

Patient meets any one of the following criteria:

- Received emergency medical care due to opioid toxicity or misuse
- Prescribed methadone or buprenorphine for addiction
- Voluntarily requests a Naloxone Kit

Document Sponsor/Owner Group: (Mental Health and Addictions Program, Date Approved 28FEB2018)

This material has been prepared solely for the use at Lakeridge Health. Lakeridge Health accepts no responsibility for use of this material by any person or organization not associated with Lakeridge Health. No part of this document may be reproduced in any form for publication without the permission of Lakeridge Health.

Lakeridge Health Page 1 of 4



### Take-Home Naloxone Kit – Medical Directive

# **Medical Advisory Committee Approved: 24APR2018**

- A history of opioid or cocaine or other recreation or illicit drug use
- Receiving an opioid prescription

### **Contraindications to the Implementation of the Directive**

Patient/family/caregiver refuses Take-Home Naloxone Kit and/or education provided.

If the intended, potential recipient of the naloxone has a known sensitivity to naloxone or one of its ingredients. Or if the intended, potential recipient is pregnant or breastfeeding (refer to an NP or physician for distribution of Take-Home Naloxone Kit).

#### Consent

Consent will be obtained prior to distributing Naloxone Kit to patient/family/caregiver and education is provided.

### **Documentation Requirements**

In addition to standard documentation, ensure the Naloxone Kit Distribution Record is completed.

#### **Review/Evaluation Process**

This medical directive will be reviewed every 2 years by the Mental Health and Addictions Program.

#### References

Adapt Pharma. Narcan Nasal Spray. https://www.narcan.com/

Brant Community Healthcare System. Naloxone Distribution Policy. July 2017

Bluewater Health. Provision of Naloxone for Individuals at High Risk for Opioid Overdose Medical Directive Order Set. 8/5/17

Lakeridge Health Page 2 of 4



# **Take-Home Naloxone Kit – Medical Directive**

# **Medical Advisory Committee Approved: 24APR2018**

# **Approvals and Signatures**

Name

		l		1		
Sponsor/Owner Group			<del></del>			
		Name		Program		
Contact		\				
		Name		Position/Title		
					-	
Department						
Chief	Name	Name		re	Date	
Medical						
Director	Name	Name		re	Date	
Program						
Director	Name		Signature		Date	
Chair of IPP	_					
Chair of IFF	Name		Signatur	re	Date	
Chair of NP	BC					
Chair of NP	Name	Name		re	Date	
Olada (D.O.T						
Chair of P &	Name		Signature		Date	
Final Appro	val					
Chair of MA	C Name	Name		re	Date	
	•		•		·	
	T					
Authorized By						
	Name		Signatur	re	Date	
	Name		Signature		Date	
	Name		Signatur	re	Date	

Lakeridge Health Page 3 of 4

Signature

Date



# Take-Home Naloxone Kit – Medical Directive

# **Medical Advisory Committee Approved: 24APR2018**

# Appendix A - Outpatient Distribution Record

Naloxone 4	mg/0.1 mL Nasal Spray (Adapt	Fill out these columns if the last kit was used in an overdose.			
DATE/ LOT	Recipient	Training provided?	1 <sup>ST</sup> KIT OR REPLACEMENT	If naloxone was administered, how many doses?	If naloxone was administered, was 911 called?
MM/DD/YY Lot # Exp:	□Client □Family/friend Patient's Name:	□Training □No training	□1 <sup>St</sup> Kit □Replacement (Last Kit Used) □Replacement (Other Reason) Distributed by:	1 2 Other Unsure	☐ Yes☐ No☐ Unsure☐ Prefer not to say
	MRN#:				
MM/DD/YY	□ Client □Family/friend	□ Training □ No training	□1 <sup>st</sup> Kit □Replacement (Last Kit Used) □Replacement	□ 1 □ 2 □ Other □ Unsure	☐ Yes☐ No☐ Unsure☐ Prefer not
Exp:	Patient's Name:	11.	(Other Reason) Distributed by:		to say
	MRN#:				
MM/DD/YY	□ Client	□Training	□1 <sup>st</sup> Kit □Replacement (Last	□ 1 □ 2	□ Yes
Lot#	□Family/friend	□ No training	Kit Used)	□ Other	Unsure
Ехр:	Patient's Name:		(Other Reason) Distributed by:	☐ Unsure	□ Prefer not to say
	MRN#:				

Fax Copy to Oshawa Pharmacy 905-721-7799 Faxed on: \_\_\_\_\_\_By: \_\_\_\_\_\_ Lakeridge Health

Lakeridge Health Page 4 of 4