



Harmonized

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## **Authorizing Prescriber(s)**

Emergency Department Physicians

## **Authorized to Whom**

Lakeridge Health (LH) Mental Health and Addiction Program, Pinewood Centre staff including Rapid Access Addictions Medicine Clinic and Positive Care Clinic staff that have successfully completed the Naloxone Administration in-person training provided by Public Health or Mental Health and Addictions Program Nurse Practitioners or Clinical Practice Leaders and who have successfully completed the annual certification process for Basic Cardiac Life Support certification inclusive of education in the application and use of automated external defibrillator (AED).

## **Patient Description/Population**

Any LH patient receiving care within the Mental Health and Addictions Pinewood Centre program, Rapid Access Addictions Management Clinic, or Positive Care Clinic who is suspected of suffering from an opioid overdose.

## **Order and/or Procedure**

This medical directive includes delegation of the controlled act of administering a substance by inhalation and the application of a form of energy (defibrillation).

In the event of a suspected opioid overdose:

1. Call 911 immediately
2. Administer 4 mg/0.1 mL Naloxone Nasal Spray, intranasally
3. Repeat naloxone administration in alternate nares (if previously administered in left nare, switch to right nare) every 2-3 minutes as needed until emergency response is present.
4. If the patient does not have a pulse or is not breathing, begin CPR, including the application of AED if available, and follow AED prompts.
5. Upon arrival of Emergency Management Service transfer patient to nearest LH Emergency Department.

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

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## **Indications to the Implementation of the Directive**

Any patient with signs of an opioid overdose, including but not limited to:

1. The patient is minimally responsive to unresponsive
2. The patient's breathing is very slow, abnormal, or has stopped (i.e. respiratory rate of less than 10 breaths per minute)
3. You hear deep snoring or gurgling sounds coming from the patient's upper airway (agonal respirations)
4. The patient's fingernails or lips are blue or purple
5. The patient's body is very limp
6. The patient's pupils are very constricted (small)

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

The patient is known to be sensitive to naloxone or one of its ingredients

## **Consent**

Prior to implementing the medical directive, the healthcare provider (HCP) must obtain consent if the patient is capable of providing it. In an emergency situation, if the patient is not capable of providing consent, the HCP may administer treatment without consent if, in his or her opinion, all of the following are true:

- the patient is incapable with respect to the treatment;
- the patient is experiencing severe suffering or is at risk if the treatment is not administered promptly of suffering serious bodily harm; and
- it is not reasonably possible to obtain a consent or refusal on the person's behalf or the delay required to do so will prolong the suffering that the patient is experiencing or will put the patient at risk of suffering serious bodily harm.

## **Documentation Requirements**

In addition to standard documentation, the HCP must document the following in the patient's health record or code blue record:

- Route and dose of naloxone administered
- The name of this medical directive
- The name of the implementer
- Legible signature of implementer including credentials
- Date and time (unless documenting electronically)

For example, 4 mg Naloxone administered intranasal as per *Off-Site Naloxone Administration Medical Directive*, B.Smith, Addictions Counsellor.

An incident report (e.g. WeCare) must be completed and appropriate notifications made to the program manager.

### **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/>



Approvals and Signatures

<b>Sponsor/Owner Group</b>	_____	_____
	Name	Program
<b>Contact</b>	_____	_____
	Name	Position/Title

<b>Department Chief</b>	_____	_____	_____
	Name	Signature	Date
<b>Medical Director</b>	_____	_____	_____
	Name	Signature	Date
<b>Program Director</b>	_____	_____	_____
	Name	Signature	Date
<b>Chair of IPPC</b>	_____	_____	_____
	Name	Signature	Date
<b>Chair of NPPC</b>	_____	_____	_____
	Name	Signature	Date
<b>Chair of P &amp; T</b>	_____	_____	_____
	Name	Signature	Date
<b>Final Approval Chair of MAC</b>	_____	_____	_____
	Name	Signature	Date

<b>Authorized By</b>	_____	_____	_____
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