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### ADMINISTRATION OF NALOXONE (NARCAN)

In order to recognize and respond to a potential life threatening opioid overdose, as part of the MA Department of Public Health (MDPH) opioid overdose prevention program, the Lincoln Public Schools will maintain a system-wide plan for addressing potential life threatening opioid overdose in a school setting. This plan shall include:

- A building-based general medical emergency plan
- A naloxone administration program for the school setting developed and managed by the school nurses in accordance with MDPH protocols.
- Oversight and monitoring of the program by the school physician
- Training per MDPH protocols provided for all nursing staff.
- Integration with the local emergency medical services (EMS) system included in the implementation of the program.

Annual review and update of the Administration of Naloxone (Narcan) Protocol and Procedures shall take place as part of the system-wide plan.

Only trained nursing staff and emergency responders are permitted to administer naloxone to students, staff, or visitors experiencing a life threatening opiate overdose in a school setting.

*Adopted at the School Committee Meeting of:* \_\_\_\_\_



# Lincoln Public Schools

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## Protocol, Procedures, and Standing Medical Orders for the

### ADMINISTRATION OF NALOXONE

**Purpose:**

- Naloxone is an opioid antagonist that is used to reverse the effects of opioids.
- Current research has determined that Naloxone administration has been found to prevent death from opioid overdose, as well as reduce disability and injury from opioid overdoses.
- The rapid administration of Naloxone may be life-saving in patients with an overdose due to opioid use. (Doe-Simpkins, Walley, Epstein, & Moyer, 2009)

**Drug:**

Naloxone (Narcan)

**Dose:**

2 mg initial dose for individuals > 20 kg or > 5 years of age  
Naloxone HCl 1 mg/ml, in pre-filled 2 ml Luer-Lock needless syringe via  
Intranasal automizer.

**Route:**

Intranasal only

**Indication:**

Registered Nurse may administer Naloxone to a person in the event of respiratory depression, unresponsiveness, or respiratory or cardiac arrest when an overdose from opioid is suspected of a student, staff member, or visitor. Person is unresponsive, very low respiratory rate or not breathing, low blood pressure, and there is no response to sternal rub.

**Contraindications:**

Diabetic ketoacidosis, electrolyte imbalance, hypothermia, meningitis, Apnea, stroke, subdural hematoma, plant poisoning, toxicity from other drugs, allergy to any ingredient in Naloxone.

**Precautions:**

Pregnancy or those who are planning to become pregnant, breast feeding mothers, non-prescription medications, herbal remedies, diet supplements, history of heart disease or substance abuse

**PROCEDURE:**

1. **Activate EMS: Call 911.** Nurse or designee will call 911 to activate emergency medical service response.
2. **Assessment:** **ABC's: Airway, Breathing, Circulation**
  - For pulseless individuals, initiate CPR per BCLS guidelines
  - For apnea with pulse: establish airway and begin rescue breathing
  - Check for: foreign body in airway, level of consciousness\* or unresponsiveness, very low respiratory rate or not breathing, no response to sternal rub, respiratory status\*, gasping for air while asleep or odd snoring pattern, pale or bluish skin, slow heart rate, low blood pressure. Pin point pupils and track marks may be present, although absence of these findings does not exclude opioid overdose.
  - **\*Level of Consciousness:**
    - The nurse determines that the person presents with a decrease in level of consciousness as evidenced by:
      - Difficulty to arouse (responds by physical stimuli but does not communicate or follow commands, may move spontaneously)

- Unable to arouse (minimal or no response to noxious stimuli, does not communicate or follow commands)
- **\*Respiratory Status:**
  - The nurse determines that the person presents with a depression of respiratory status as evidenced by:
    - Decrease in respiration rate
    - If available, interpretation of pulse oximetry measurement
- **Nurse determines need for Naloxone administration**

### 3. **Administration:** Intranasal administration of Naloxone

- Assess person for contraindications or precautions to Naloxone, per available information
- Exclusion criteria also includes: nasal trauma or epistaxis
  - Assemble Naloxone vial and intranasal atomizer:
    - Pop off two yellow caps from the delivery syringe and one red cap from the Naloxone vial.
    - Screw the Naloxone vial gently into the delivery syringe.
    - Screw the mucosal atomizer device onto the top of the syringe.
  - Spray half (1 mg) of the Naloxone in one nostril and the other half (1 mg) in the other nostril for a total of 2 mg.
  - Continue rescue breathing or BCLS as needed.
  - If no response, an additional second dose/vial may be administered after 3-5 minutes.
  - Naloxone duration of action is 30-90 minutes.
  - Transport to nearest hospital via EMS.

**Storage:** Store at 59-86 degrees Fahrenheit, away from direct sunlight and in a locked cabinet.

**Possible Side Effects:** Acute withdrawal symptoms, change in mood, increased sweating, nervousness, agitation, restlessness, tremor, hyperventilation, nausea, vomiting, diarrhea, abdominal cramping, muscle or bone pain, tearing of eyes, rhinorrhea, craving of opioid, rash, hives, itching, swelling of face, lips, or tongue, dizziness, fast heartbeat, headache, flushing, sudden chest pain.

**Nursing Considerations:** Withdrawal can be unpleasant; person may just breath but not have full arousal or person may need continued rescue breathing and support.

**Documentation:** Record encounter in student's school health record and on an incident report for student, employee, or visitor, as applicable.

Documentation must include patient presentation, route (intranasal), and dose that was administered as well as the patient's response to the Naloxone administration.

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**Stephen Jenkins, M.D., School Physician signature:**

**Date**

**Effective Date:** August 2016-August 2017

#### References:

Doe-Simkins, M., Walley, A., Epstein, A. & Moyer, Peter. (2009). Saved by the nose: Bystander-administered intranasal naloxone hydrochloride for opioid overdose. *American Journal of Public Health*, 99 (5), 788-791.

MDPH School Health Unit *Narcan Toolkit 2015-2016*.