

Nebraska Naloxone Standing Order

Background:

On May 27th 2015, LB 390 was signed into law (Neb. Rev. Stat. §28-470). This law authorized the expanded access to Naloxone a life-saving drug used to reverse the effects of an opioid overdose.

Opioid overdose deaths are a growing concern in Nebraska. Since 1999, Nebraska has seen an increase in drug overdose deaths.

Purpose:

This standing order, in accordance with Neb. Rev. Stat. §28-470 and §38-2840, is issued to further facilitate the availability of Naloxone.

Expanding the availability of naloxone to friends, family and bystanders will increase the likelihood that it will be administered in a timely manner, and prevent death from an opioid overdose.

Immunity:

Neb. Rev. Stat §28-470 provides protection from administrative action or criminal prosecution when a pharmacist dispenses naloxone under the following limited circumstances:

- A person who is apparently experiencing or who is likely to experience an opioid-related overdose; or
- A family member, friend, or other person in a position to assist a person who is apparently experiencing or who is likely to experience an opioid-related overdose.
- A family member, friend, or other person who is in a position to assist a person who is apparently experiencing or who is likely to experience an opioid-related overdose, other than an emergency responder or peace officer, is not subject to actions under the Uniform Credentialing Act, administrative action, or criminal prosecution if the person, acting in good faith, obtains naloxone from a health professional or a prescription for naloxone from a health professional and administers the naloxone obtained from the health professional or acquired pursuant to the prescription to a person who is apparently experiencing an opioid-related overdose.

Dispensing Guidelines:

Dispense at least 2 doses of naloxone to an individual. Refills may be dispensed as needed under this standing order.

The following people may receive naloxone under this standing order:

- A person who is apparently experiencing or who is likely to experience an opioid-related overdose
- A family member, friend or other person in a position to assist a person who is apparently or likely to experience an opioid-related overdose, including but not limited to an individual on behalf of:
 - A Nebraska local health department
 - An organization that provides substance abuse or mental health treatment, recovery or support services;
 - An organization that provides services to the homeless;
 - An organization that provides training in proper administration of naloxone;
 - An organization that provides harm reduction services; or
 - A school

Nasal administration

- Narcan® Nasal Spray (naloxone HCl) 4 mg/0.1mL Nasal Spray
 - Dispense one (1) box containing two (2) 4 mg/0.1 mL doses of naloxone
 - Instructions: Spray 0.1 mL into one nostril. Call 911. Repeat with second device into the other nostril after 2-3 minutes if no or minimal response. Monitor the person until professional help arrives.
- Naloxone HCl Solution 1 mg/mL in a 2 mL pre-filled Luer-Lock Syringe
 - Dispense: 2 x 2 mL syringes (4 mL total) with two nasal mucosal atomization devices
 - Instructions: Spray 1 mL (1/2 of syringe) into each nostril. Call 911. Repeat after 2-3 minutes if no or minimal response. Monitor the person until professional help arrives.

Intramuscular (IM) administration

- Evzio® (naloxone HCl injection) 0.4 mg autoinjector
 - Dispense one box containing two auto-injectors
 - Inject into outer thigh as directed by the English voice-prompt system. Place black side firmly on outer thigh and depress and hold for 5 seconds. Call 911. Repeat with second device in 2-3 minutes if no or minimal response. Monitor the person until professional help arrives.
- Naloxone HCl 0.4 mg/mL in a 1 mL unit dose vial
 - Dispense: 2 x 1 mL unit dose vials and two (2) 3cc syringes with 23-25G 1-1.5 inch needles for intramuscular injection.
 - Instructions: Inject 1 mL in shoulder or thigh. Call 911. Repeat after 2-3 minutes if no or minimal response. Monitor the person until professional help arrives.

Prices vary widely for the different products and reimbursement practices vary by insurer.

Signs and symptoms of opioid-related overdose

The following may be signs and symptoms of an individual experiencing an opioid-related overdose:

- A history of current narcotic or opioid use or fentanyl patches on skin or needle in the body.
- Unresponsive or unconscious individuals.
- Not breathing or slow/shallow respirations,
- Snoring or gurgling sounds (due to partial upper airway obstruction).
- Blue lips and/or nail beds.
- Pinpoint pupils.
- Clammy skin.

Note that individuals in cardiac arrest from all causes share many symptoms with someone with a narcotic overdose (unresponsiveness, not breathing, snoring/gurgling sounds, and blue skin/nail beds). If no pulse, these individuals are in cardiac arrest and require CPR.

Adverse reactions:

A. Opioid depression

Abrupt reversal of opioid depression may result in nausea, vomiting, sweating, abnormal heart beat, fluid development in the lungs and opioid acute withdrawal syndrome (see part "B" below), increased blood pressure, shaking, shivering, seizures and hot flashes.

B. Opioid dependence

Abrupt reversal of opioid effects in persons who are physically dependent on opioids may cause an acute withdrawal syndrome.

Acute withdrawal syndrome may include, but not be limited to, the following signs and symptoms: body aches, fever, sweating, runny nose, sneezing, yawning, weakness, shivering or trembling, nervousness, or irritability, diarrhea, nausea or vomiting, abdominal cramps, increased blood pressure, and fast heartbeat.

Reactions resulting from administration of naloxone may appear within minutes of naloxone administration and subside in approximately 2 hours. Additionally, the opioid-related adverse reactions may subside within minutes of naloxone administration; the reactions may reappear in approximately 90 minutes, so it is imperative that the person experiencing an opioid-related overdose receive emergency medical care following naloxone administration.

Most often the symptoms of opioid depression and acute withdrawal syndrome are uncomfortable, but sometimes can be severe enough to require advanced medical attention. Adverse reactions beyond opioid-related overdose are rare.

Educational Materials:

Educational materials about naloxone can be found at:
<http://dhhs.ne.gov/publichealth/PDMP/Pages/Naloxone.aspx>

Effective Period for this Order:

This standing order will expire August 10, 2019.

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