

PREVENTIVE CARE

SHORT-ACTING OPIOID ANTAGONIST (SAOA)- NALOXONE / NALMEFENE

STATEWIDE DRUG THERAPY MANAGEMENT PROTOCOL for the OREGON PHARMACIST

AUTHORITY and PURPOSE:

- Per [ORS 689.800 and ORS 689.802](#), a pharmacist may prescribe, distribute and administer a short-acting opioid antagonist (SAOA) and the necessary medical supplies to administer the SAOA. Per [ORS 689.689](#), a pharmacist may provide patient care services pursuant to a statewide drug therapy management protocol.
- Following all elements outlined in OAR 855-115-0330 and OAR 855-115-0335, a pharmacist licensed and located in Oregon may prescribe a SAOA and the necessary medical supplies to administer the SAOA.

STANDARDIZED PATIENT ASSESSMENT PROCESS ELEMENTS:

- Utilize the standardized SAOA Patient Intake Form *optional* (pg. X-X)
- Utilize the standardized SAOA Assessment and Treatment Care Pathway (pg. X-X)
- Utilize the standardized SAOA Prescription Template *optional* (pg. X-X)
- Utilize the standardized SAOA Provider Fax *optional* (pg. X)
- Utilize the standardized Patient Information *optional* (pg. X-X)

PRESCRIBING PARAMETERS

- No limitations exist for quantity or refills

RESOURCES:

Naloxone: Opioid Overdose, Prevention, Recognition & Response – Oregon State College of Pharmacy - CE. Accessed February 4, 2024. <https://oregon-state-pharmacy-ce.catalog.instructure.com/courses/naloxone>

Prescribe to Prevent – Prescribe naloxone, save a life. Accessed February 4, 2024. <https://prescribetoprevent.org/>

Oregon Health Authority. Pharmacist Prescribing of Naloxone. Accessed February 4, 2024.

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Documents/toolkit/RPh-info-sheet.pdf>

Oregon Health Authority. Naloxone Poster for Pharmacies. Accessed February 4, 2024.

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Documents/toolkit/Naloxone-Poster.pdf>

Stay Safe Oregon: Prescription Opioid Safety, Treatment & Information. Stay Safe Oregon. Accessed February 4, 2024.

<http://staysafeoregon.com/>

SAMSHA Behavioral Health Treatment Services Locator. Accessed February 4, 2024. <https://findtreatment.samhsa.gov/>

Oregon Health Authority. Reducing Opioid Overdose and Misuse. Accessed February 4, 2024.

<https://www.oregon.gov/oha/ph/preventionwellness/substanceuse/opioids/pages/index.aspx>

Oregon Health Authority. Training on Lifesaving Treatment Protocols. Accessed February 4, 2024.

<https://www.oregon.gov/oha/ph/ProviderPartnerResources/EMSTraumaSystems/Pages/epi-protocol-training.aspx#opioidoverdose>

Self-Screening Patient Intake Form – Short-acting Opioid Antagonist (e.g., naloxone, nalfemene)

CONFIDENTIAL-Protected Health Information)

Date ____/____/____

Name of Requestor: _____

Optional Demographic Information-

Legal Name _____

Date of Birth ____/____/____ Age ____

Sex Assigned at Birth (circle) M / F

Gender Identification (circle) M / F / Other ____

Pronouns (circle) She/Her/Hers, He/Him/His, They/Them/Their, Ze/Hir/Hirs, Other _____

Street Address _____

Phone () _____

Email Address _____

Healthcare Provider Name _____

Phone () _____ Fax () _____

Do you have health insurance? Yes / No

Insurance Provider Name _____

Any allergies to medications? Yes / No

If yes, please list _____

1. Would you like to receive a short-acting opioid antagonist kit (e.g., naloxone, nalfemene)? Yes No
If yes, how many doses would you like? _____

Signature _____ Date _____

Assessment and Treatment Care Pathway- Short Acting Opioid Antagonists (SAOAs) Naloxone / Nalmefene

(CONFIDENTIAL-Protected Health Information)

Name of Requestor: _____

Today's Date: ___/___/___

<p>1. Is the person or entity's representative requesting an opioid antagonist?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%; background-color: #d9ead3; padding: 5px;"> <input type="checkbox"/> Yes. Proceed to Step 2. </div> <div style="width: 35%; background-color: #f4cccc; padding: 5px;"> <input type="checkbox"/> No. Do not prescribe, consider giving more information regarding opioid antagonists and opioid overdoses. </div> </div>	Notes:
<p>2. Choose a product based on their preference or your professional discretion. Counsel and train appropriately. If appropriate, provide information on how to administer naloxone / nalmefene.</p>	Notes:

AVAILABLE TREATMENT OPTIONS

Naloxone	<ul style="list-style-type: none"> Prepackaged intranasal naloxone 4 mg (Narcan®) or 8 mg (Kloxxado™). Dispensed as 2 unit-dose nasal spray devices per box. Intramuscular naloxone 0.4 mg/mL SDV. Inject the contents of one vial intramuscularly into outer thigh for signs of opioid overdose. Must be dispensed with a 3 mL syringe with a 21-25 G x 1-1 ½ inch needle. Intramuscular naloxone 5 mg/0.5 mL ready to use prefilled single dose syringe (Zimhi™). Dispensed as 2 syringes per box. Inject the contents of 1 syringe intramuscularly into outer thigh for signs of opioid overdose. Intramuscular naloxone auto-injector (Evzio®) Intranasal naloxone 2 mg/2 mL prefilled luer-lock syringe. Instructions for use: Attach atomizer to naloxone syringe then spray one-half of the contents of syringe into each nostril. Must be dispensed with a Mucosal Atomization Device (example MAD300) compatible with the prefilled syringe.
Nalmefene	<ul style="list-style-type: none"> Prepackaged intranasal nalmefene 2.7 mg (Opvee®). Dispensed as 2 unit-dose nasal spray devices per box.

PRESCRIBING CONSIDERATIONS

- Patient Characteristics:** Consider the patient's medical history, allergies, and any contraindications to specific formulations or delivery methods. Consider the patient's ability to administer the medication. For example, some formulations may be more user-friendly for bystanders.
- Ease of Administration:** Evaluate the ease of use for both the patient and potential bystanders. Nasal spray formulations like Narcan® and Kloxxado™ are designed for easy administration without the need for special training.
- Training and Familiarity:** Consider the level of training required for proper administration. Some formulations, like auto-injectors (e.g., Evzio®), provide step-by-step instructions, making them suitable for individuals without extensive medical training.
- Onset of Action:** Different formulations may have varying onset times. Intramuscular (IM) naloxone may have a faster onset compared to intranasal formulations. Consider the urgency of the situation and the desired speed of response.
- Storage and Stability:** Assess the storage requirements for each formulation. Some naloxone products may have specific temperature or storage conditions that need to be considered.
- Cost and Accessibility:** Evaluate the cost and accessibility of different naloxone formulations. Some formulations may be more cost-effective or more widely available, which can impact patient access.
- Local Guidelines and Protocols:** Familiarize yourself with local and state guidelines regarding SAOA use. Some areas may have specific recommendations or requirements for the use of certain formulations.

Assessment and Treatment Care Pathway- Short Acting Opioid Antagonists (SAOAs) Naloxone / Nalmefene

(CONFIDENTIAL-Protected Health Information)

- **Patient Preference:** Consider the patient's preference and comfort level with a specific formulation. Involving the patient in the decision-making process can enhance adherence.
- **Repeat Dosing:** Some formulations may require repeat dosing if the initial response is not sufficient. Providers should be aware of the dosing requirements for each formulation.
- **Patient Education:** Ensure that patients and potential bystanders receive proper education on the chosen naloxone formulation. Provide training materials, demonstrations, and clear instructions for use.

LABELING REQUIREMENTS

- Standard labeling requirements apply per [OAR 855-041-1130](#) except for SAOAs in the form of a nasal spray that are personally dispensed by the Pharmacist at the pharmacy per [ORS 689.813](#).

COUNSELING POINTS

- **Addressing Stigma and Building Trust:**
 - Start with empathy and non-judgmental language. Avoid terms like "addict" or "overdose victim," and instead use phrases like "person at risk of overdose" or "someone experiencing an opioid overdose."
 - Normalize the conversation. Explain that opioid misuse and overdose can happen to anyone, regardless of background or circumstance.
 - Focus on harm reduction. Explain that SAOAs are a tool for saving lives, not a guarantee of addiction recovery.
- **Explaining SAOAs and their Use:**
 - Clearly explain how SAOAs work. Describe how it quickly reverses the effects of opioids, restoring breathing and consciousness.
 - Demonstrate administration methods. Show patients how to use the specific product they are receiving, practicing with the nasal spray or auto-injector if available.
 - Emphasize calling 911 immediately after administering a SAOA. Explain that even after SAOAs, medical attention is crucial.
- **Addressing Concerns and Answering Questions:**
 - Anticipate and address common concerns. These might include potential side effects, dependence on SAOAs, or legal issues. Offer accurate and reassuring information.
 - Be prepared to answer specific questions. Be familiar with local resources for addiction treatment and support and connect patients with relevant information.
 - Validate potential hesitation and encourage further discussion. Let patients know you are available to answer questions and provide support at any time.
- **Additional Points:**
 - Offer training materials and resources. Provide patients with written instructions, video demonstrations, and contact information for crisis hotlines or support groups.
 - Encourage SAOAs for bystanders. Explain that anyone can carry SAOAs and save a life, regardless of their relationship to the person at risk.
 - Follow up with patients. Check in with patients who receive naloxone to see if they have any questions or need additional support.

PRESCRIBING PARAMETERS

- No limitations

TREATMENT CARE PLAN

- No documented follow-up required

Pharmacist Signature _____ Date ____/____/____

Prescription- Short Acting Opioid Antagonists (e.g., naloxone, nalmefene)

Optional-May be used by pharmacy if desired (labeling not required for intranasal sprays)

Patient (or Entity) Name:	Date of birth (if applicable):
Address:	
City/State/Zip Code:	Phone number:

Rx

- Prepackaged intranasal naloxone** **4 mg (Narcan®)** or **8 mg (Kloxxado™)**
 - Administer one spray into one nostril for signs of opioid overdose. Call 911. May repeat x1. #__ doses, __ refills

- Intramuscular naloxone** **0.4 mg/mL single dose vial (SDV)** or **5 mg/0.5mL (Zimhi™) ready to use prefilled single dose syringe (SDS)**
 - Inject the contents of one vial or syringe intramuscularly into outer thigh for signs of opioid overdose. Call 911. May repeat x1. #__ SDV or SDS, __ refills
 - Supplemental devices to dispense for single dose vial:
 - 3ml Syringe with a 21-25G x1-1 1/2 inch needle
 - Use as directed for naloxone administration, #__, __ refills

- Intramuscular naloxone auto-injector (Evzio®)**
 - Administer the dose from one auto-injector for signs of opioid overdose. Call 911. May repeat x1., #__ auto-injectors, __ refills

- Intranasal naloxone 2 mg/2 ml prefilled luer-lock syringe**
 - Attach atomizer to naloxone syringe then spray one-half of the contents of syringe into each nostril for signs of opioid overdose. Call 911. May repeat x1., #__ pre-filled syringes, __ refills
 - Supplemental devices to dispense:
 - Mucosal Atomization Device (example MAD300) compatible with the prefilled syringe
 - Use as directed for naloxone administration, #__, __ refills

- Prepackaged intranasal nalmefene 2.7 mg (Opvee®)**
 - Administer one spray into one nostril for signs of opioid overdose. Call 911. May repeat x1. #__ doses, __ refills

Written Date: _____

Prescriber Name: _____ Prescriber Signature: _____

Pharmacy Address: _____ Pharmacy Phone: _____

-or-

Patient Referred

Notes: _____

Provider Notification

Short-acting Opioid Antagonist (SAOA)- Naloxone / Nalmefene

Pharmacy Name: _____ Pharmacist Name: _____
Pharmacy Address: _____
Pharmacy Phone: _____ Pharmacy Fax: _____

Patient Name: _____ DOB: ____/____/____ Age: _____

Healthcare Provider: _____ Phone: (____)____-____ Fax: (____)____-____

Your patient was seen at our pharmacy on ____/____/____ requesting a short-acting opioid antagonist (SAOA). During this visit, we carefully reviewed the patient's medical history, prescription history, and lifestyle factors to ensure the safety of all medications prescribed. Upon review it was determined that the patient could benefit from obtaining a SAOA. The following prescription(s) were provided to your patient:

- Prepackaged intranasal naloxone** **4 mg (Narcan®)** or **8 mg (Kloxxado™)**
 - Administer one spray into one nostril for signs of opioid overdose. Call 911. May repeat x1. #____ doses, ____ refills
- Intramuscular naloxone** **0.4 mg/mL single dose vial (SDV)** or **5 mg/0.5mL (Zimhi™) ready to use prefilled single dose syringe (SDS)**
 - Inject the contents of one vial or syringe intramuscularly into outer thigh for signs of opioid overdose. Call 911. May repeat x1. #____ SDV or SDS, ____ refills
 - Supplemental devices to dispense:
 - 3ml Syringe with a 21-25G x1-1 1/2 inch needle
 - Use as directed for naloxone administration, #____, ____ refills
- Intramuscular naloxone auto-injector (Evzio®)**
 - Administer the dose from one auto-injector for signs of opioid overdose. Call 911. May repeat x1., #____ auto-injectors, ____ refills
- Intranasal naloxone 2 mg/2 ml prefilled luer-lock syringe**
 - Attach atomizer to naloxone syringe then spray one-half of the contents of syringe into each nostril for signs of opioid overdose. Call 911. May repeat x1., #____ pre-filled syringes, ____ refills
 - Supplemental devices to dispense:
 - Mucosal Atomization Device (example MAD300) compatible with the prefilled syringe
 - Use as directed for naloxone administration, #____, 0 refills
- Prepackaged intranasal nalmefene 2.7 mg (Opvee®)**
 - Administer one spray into one nostril for signs of opioid overdose. Call 911. May repeat x1, #____ doses, ____ refills

Provider Pearls for SAOAs:

- SAOAs should be administered promptly in suspected opioid overdose cases, even if the exact opioid involved is unknown.
- Repeat dosing may be necessary, as the duration of action for some opioids can outlast that of a SAOA. Close monitoring is crucial, and additional doses may be administered as needed.
- SAOAs are generally safe and well-tolerated, but withdrawal symptoms, including agitation and nausea, may occur in individuals who are opioid-dependent.
- Individuals who have been administered SAOAs should seek immediate medical attention, as the effects of the SAOA are temporary, and further medical assessment is essential.

This prescription was issued pursuant to the Board of Pharmacy protocol authorized under [OAR 855-115-0345](#).

October 6, 2017

For more information, contact David Lehrfeld, MD,
Medical Director, EMS & Trauma Systems:
(971) 673-0520

Opiate Overdose Treatment: Naloxone Training Protocol

As of October 6, 2017, training oversight is not required, although it is recommended that a healthcare professional or pharmacist be involved as needed for basic education on naloxone and overdose. As required per rule, a pharmacist provides patient counseling prior to dispensing naloxone.

I. Signs and symptoms of opiate overdose

The signs and symptoms of opiate overdose include:

- Unresponsiveness to yelling or stimulation, like rubbing your knuckles up and down the person's sternum, or breast bone (also called a sternum rub) [This symptom effectively draws the line between overdosing and being really high but not overdosing.]
- Slow, shallow, or no breathing
- Pulse (heartbeat) is slow, erratic, or not there at all
- Turning pale, blue or gray (especially lips and fingernails)
- Snoring/gurgling/choking sounds
- Body very limp
- Vomiting

II. Opiate overdose treatment overview

1. Check for a response.
2. Call 911.
3. Start chest compressions.
4. Administer naloxone.
5. Resume chest compressions with rescue breathing if the person has not yet started breathing.
6. Conduct follow-up – administer a second dose of naloxone if no response after 3 minutes and resume chest compressions with rescue breathing.
7. If naloxone is administered, provide details to emergency medical services.

III. Responding to an opiate overdose

1. Check for responsiveness.

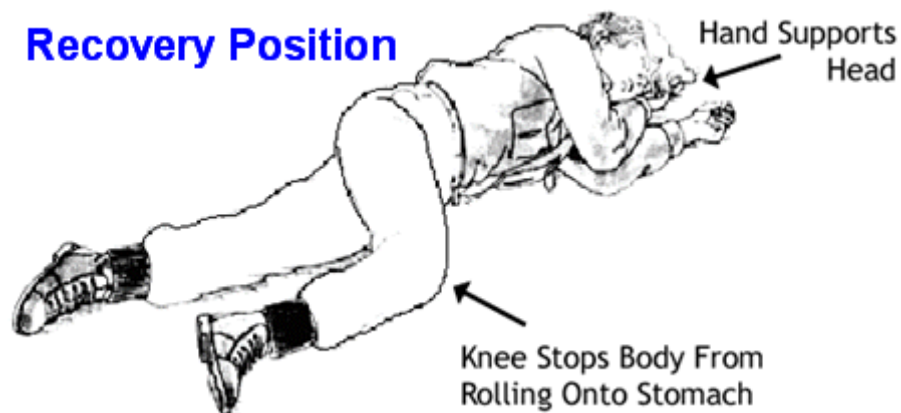
- a. Yell.
- b. Give a sternum rub. Make a fist and rake your knuckles hard up and down the front of the person's sternum (breast bone). This is sometimes enough to wake the person up.
- c. Check for breathing. See if the person's chest rises and falls and put your ear near the person's face to listen and feel for breaths.
- d. If the person does not respond or is not breathing, proceed with the steps listed below.

2. Call 911. If you have to leave the person, put the person in the **recovery position**.*

- a. State that someone is unconscious due to suspected overdose and indicate if the person is not breathing. (If you call police or 911 to get help for someone having a drug overdose, Oregon's Good Samaritan Law protects you from being arrested or prosecuted for drug-related charges or probation or parole violations based on information provided to emergency responders.)
- b. Give the address and location.
- c. Be aware that complications may arise in overdose cases. Naloxone only works on opiates, and the person may have overdosed on something else, e.g., alcohol or benzodiazepines. **Emergency medical services are critical.**

*Recovery position:

- a. Roll the person over slightly on the person's side.
- b. Bend the top knee.
- c. Put the person's top hand under the person's head to support it.
- d. This position should keep the person from rolling onto his/her stomach or back, so the person does not choke if he/she vomits.



3. **(A) Start chest compressions with rescue breathing (CPR).**

- a. Place heel of one hand over center of person's chest.
- b. Place other hand on top of first hand, keeping elbows straight with shoulders directly above hands.
- c. Use body weight to push straight down, at least 2 inches, at rate of 100 compressions per minute.
- d. Give 2 breaths for every 30 compressions.
- e. CPR should be performed for 5 rounds (2 breaths for every 30 compressions), or for approximately 2 minutes, before reassessing.



Image courtesy of Nursing411.org

OR

(B) If overdose is witnessed, i.e., you see the person stop breathing, or you are sure it is overdose due to personal knowledge of the person or situation, you have the option to start rescue breathing. Be aware when you call 911 that they may instruct you to perform CPR as well.

- a. Check the person's airway for obstructions and remove any obstructions that can be seen
- b. Tilt the person's forehead back and lift chin – see diagram below.
- c. Pinch the person's nose and give normal breaths – not quick and not overly powerful breaths.
- d. Give one breath every five seconds.
- e. Continue rescue breathing for approximately 30 seconds.



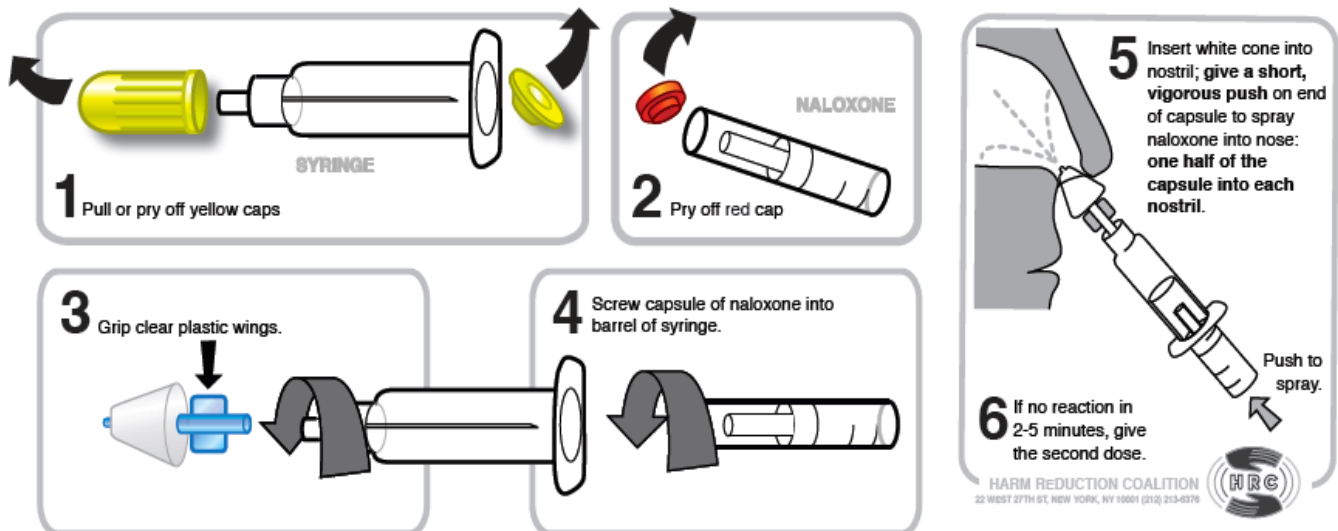
Image courtesy of Nursing411.org

4. Administer naloxone.

If the patient has been receiving opioids, giving them naloxone may result in temporary withdrawal symptoms. This response can include abrupt waking up, vomiting, diarrhea, sweating, and agitated behavior. While these symptoms can be dramatic and unpleasant, they are not life threatening and will only last until the naloxone has worn off. See details about specific naloxone products below.

a. If your naloxone kit is a syringe set up to be given as a nasal (nose) spray:

1. Pull or pry off both top and bottom covers on the syringe.
2. Pry off the cap of the naloxone capsule.
3. Grip the clear plastic wings.
4. Screw the naloxone cartridge into the barrel of syringe.
5. Insert white cone into nostril; give a short vigorous push on the end of the naloxone cartridge to spray naloxone into the nose: one half of the cartridge goes into each nostril.
6. If minimal or no response in 3 minutes, then give a second dose.



b. If your naloxone kit is NARCAN® Nasal Spray:

1. Peel back the package to remove the device
2. Hold the nozzle between two fingers as shown in image below.
3. Place the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.
4. Press the plunger firmly with thumb to release the dose into the patient's nose.
5. If minimal or no response in 3 minutes, then give a second dose.

NARCAN Nasal Spray: Peel back the package to remove the device



Place the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose

Press the plunger firmly to release the dose into the patient's nose

c. If your naloxone kit is a syringe set up to be given as an injection into a muscle (intramuscular):

1. Remove cap of the naloxone vial.
2. Draw up 1mL of naloxone into a syringe. (Ideally, the needle size for an injection into the muscle is 1 to 1.5-inches long and 25-gauge width)
3. If available, clean the area with an alcohol wipe before you inject.
4. Inject into muscle in the upper arm, thigh, or buttocks.
5. Insert the needle at a 90-degree angle to the skin and push in plunger.
6. If minimal or no response in 3 minutes, then give a second dose.

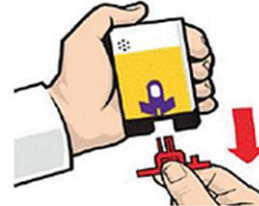


Image courtesy of the Chicago Recovery Alliance

d. If your Naloxone kit is an Evzio® Injectable Device:

How to Administer Evzio

1. Remove Evzio from outer case
2. Pull off the red safety guard
3. Place black end against middle of the thigh, through the clothing
4. Press firmly and hold in place for 5 seconds
5. If minimal or no response in 2 to 3 minutes, administer second dose



- Voice instructions guide the way
- Infants < 1 year old, pinch middle of thigh before administration



Image courtesy of EndMassOverdose.org

5. Resume chest compressions with rescue breathing (or chest compressions only) if the person has not yet started breathing.

Brain damage can occur after 3-5 minutes without oxygen. The naloxone may not kick in that quickly. You may have to perform CPR for the person until the naloxone takes effect or until emergency medical services arrive.

6. Conduct follow-up.

- a. Naloxone takes several minutes to kick in and wears off in 30-45 minutes. The person may go back into overdose after the naloxone wears off.
- b. It is recommended that you watch the person for at least an hour or until emergency medical services arrive, in case the person goes back into overdose.
- c. You may need to give the person more naloxone. Give a second dose if the person does not respond after 3 minutes.
- d. If an overdose victim revives, keep the person calm. Tell the person that drugs are still in his/her system and that the naloxone wears off in 30-45 minutes. Recommend that the person seek medical attention and assist him/her if necessary.
- e. Do not let the person use more opiates. The naloxone will block them and the person could overdose again after the naloxone wears off.

By signing this form, I acknowledge that I have read and understand the naloxone training protocol.

Printed Name

Signature

Date

Name _____	Date _____
Address _____	
RX	
Refills _____	Pharmacist _____
Pharmacy Name / Address _____	
