

TITLE

INTRAMUSCULAR NALOXONE ADMINISTRATION: SUSPECTED OPIOID POISONING (OVERDOSE)SCOPE

Provincial

DOCUMENT

HCS-247-02

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Clinical Operations Executive Committee

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- Whenever possible, **health care professionals** authorized to perform the restricted activity of intramuscular (IM) injection should enact this procedure.
- To support staff in response to a suspected opioid overdose, including the administration of naloxone via IM injection for a suspected opioid **poisoning** (overdose) in an **emergency situation** without an **authorized prescriber's** order within **Alberta Health Services (AHS) settings**, where a health care professional authorized to perform the restricted activity of IM injection is not immediately available.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS**1. Authority**

- 1.1 The AHS *Naloxone Administration: Suspected Opioid Poisoning (Overdose)* Policy provides direction for the administration of naloxone via IM injection in emergency situations without an authorized prescriber's order.
- 1.2 Whenever possible, the preparation and administration of Naloxone by IM injection should be done by health care professionals who are authorized to do so. Other staff may prepare and administer naloxone in accordance with the first response requirements for a suspected opioid overdose established by their

program/site as per Section 1 of the *Naloxone Administration: Suspected Opioid Poisoning (Overdose) Policy*.

2. Naloxone

- 2.1 Naloxone is a fast-acting drug used to temporarily reverse the effects of an opioid poisoning to help restore breathing. Naloxone is safe for all ages.
- 2.2 Naloxone is not effective against central nervous system depression caused by non-opioid drugs (e.g., benzodiazepines, tranquilizers, barbiturates, alcohol, and psychostimulants). Naloxone should still be given as it can reverse the effects of the opioid component of the overdose.
- 2.3 Naloxone is active in the body for only 20 to 90 minutes but the effects of many opioids last longer. This means that the effects of naloxone may wear off before the opioids are gone from the body, which could cause breathing to stop again. Thus, it is important to activate the emergency response process in your work setting. Naloxone may need to be provided more than once.
- 2.4 Treatment of opioid poisoning is symptom-based and may include, but is not limited to, initiation of rescue breathing, oxygen, administration of naloxone, and initiation of cardiopulmonary resuscitation (CPR) if required.
- 2.5 Naloxone for injection is stored in single-use medication ampoules/vials and contains 0.4 milligrams per millilitres (mg/mL) of medication per ampoule/vial.
- 2.6 Naloxone may be repeated every three (3) to five (5) minutes as needed. Although there is no maximum dose of naloxone, other causes of altered mental status / loss of consciousness must be considered if there is no improvement to the person's condition after three (3) to four (4) doses of naloxone.
- 2.7 Naloxone response supplies shall be available in areas where risk was identified by Site Leadership and be easily accessible so that they can be quickly gathered when responding to an emergency situation.
- 2.8 IM naloxone response supplies should include:
 - a) three (3) ampoules/vials of injectable naloxone (0.4 mg);
 - b) gloves;
 - c) needles;
 - d) syringes;
 - e) alcohol swabs; and
 - f) barrier mask for rescue breathing.

3. How to Respond to a Suspected Opioid Poisoning with IM Naloxone

3.1 The Steps are listed below.

3.2 Look for Signs of Opioid Poisoning (Step 1)

a) Signs of opioid poisoning are:

- (i) slow or no breathing (where slow breathing is less than 12 breaths per minute);
- (ii) unresponsive to voice or pain;
- (iii) pale face;
- (iv) lips or nails appear blue;
- (v) gurgling or snoring sounds;
- (vi) choking or vomiting;
- (vii) cold or clammy skin;
- (viii) constricted or tiny pupils; and
- (ix) seizure-like movements or rigid posture.

b) If you see any of these signs, call for assistance immediately using the emergency response processes in your work setting (e.g., call 911, Code 66, Code Blue) and go to Step 2.

3.3 Check for Response (Step 2)

a) Assess scene safety.

b) Speak loudly to the person. Verbalize your actions. Try to wake them up if they appear to be asleep.

c) Rub fist hard on middle of chest (sternal rub).

d) If no response, call for help (911 or other) and go to Step 3.

3.4 Are They Breathing? (Step 3)

a) Check to see if the person is breathing (e.g., chest is rising and falling).

b) If 'yes' to breathing, put in recovery position:

- (i) roll onto side, hand supports head; and
- (ii) wait for help to arrive.

- c) If 'no' to breathing, start rescue breathing:
 - (i) put mask on mouth;
 - (ii) tilt head back, lift chin, and pinch nostrils; and
 - (iii) provide about two (2) minutes of rescue breathing, or one (1) breath every five (5) seconds for two (2) minutes (about 24 breaths).
 - d) If the person is still not breathing or barely breathing, go to Step 4.
- 3.5 Prepare Naloxone (Step 4)
- a) The dose for naloxone administration is 0.4 mg IM.
 - b) Draw up 0.4 mg (one [1] mL) of naloxone using a needle and syringe.
- 3.6 Administer Naloxone IM (Step 5)
- a) Naloxone should be administered IM into the middle outer thigh muscle (vastus lateralis) for more rapid absorption.
 - (i) Administration into the deltoid (upper arm) muscle will result in slower absorption and a delayed response, and should only be used if the thigh muscle is unavailable.
- 3.7 Repeat (Step 6)
- a) Repeat Steps 3 to 5 until help arrives.
 - b) Continue rescue breathing if required (Step 3).
 - (i) It is important to wait at least two (2) minutes in between doses of naloxone to assess the person's response, and to continue rescue breathing in between doses.
 - c) Repeated doses of naloxone may be required if the person is not awake, not responding to commands, and emergency medical assistance is delayed (Steps 4 and 5).
 - (i) If the person wakes up, remain calm and explain that help is on the way.
 - d) Personnel with CPR training may start CPR if required, until emergency medical assistance arrives.
- 4. Provide Support and Care**
- 4.1 If the person wakes up and is breathing:

- a) place them in the recovery position (roll onto side, hand supports head while waiting for help to arrive); and
 - b) observe closely until help arrives for a possible return to an opioid overdose state.
- 4.2 If the person is having difficulty breathing:
- a) provide airway support (head tilt and chin up);
 - b) continue rescue breathing (Step 3);
 - c) if trained, start CPR if required, while awaiting the arrival of emergency medical assistance; and
 - d) if equipment is available, monitor oxygen saturation and administer oxygen as required.
- 4.3 If the person is alert and able, if possible provide them with:
- a) information related to what occurred and actions taken;
 - b) reassurance and support as they may be frightened, confused, or agitated;
 - c) education about opioid overdose and naloxone duration, the risks of recurrent overdose, and safe practices; and
 - d) a community based naloxone kit if available and training on how to use the kit.
- 4.4 Once emergency medical assistance arrives, provide a report to the responders of what was observed, what was done (e.g., number of doses of naloxone given), and how the person responded.

5. Documentation

- 5.1 Document all interventions in the patient's health record if available or provide a report to others taking over care of the patient.
- 5.2 If applicable, complete incident as per internal program reporting process (e.g., Protective Services, Reporting and Learning System).
- 5.3 Complete an AHS MySafetyNet report to comply with Workplace Health and Safety reporting (e.g., injury at work, blood or bodily fluid exposure, drug exposure).

6. Storage

- 6.1 Naloxone ampoules/vials for injection and response supplies should be replaced and stored appropriately. Follow program processes for storage and maintenance, including the process for managing expired supplies.

DEFINITIONS

Alberta Health Services (AHS) setting means any environment where treatment/procedures and other health services are delivered by, on behalf of or in conjunction with, Alberta Health Services.

Authorized prescriber means a health care professional who is permitted by Federal and Provincial legislation, their regulatory college, Alberta Health Services, and practice setting (where applicable) to prescribe medications.

Emergency situation means a circumstance which requires immediate health care that is necessary to preserve life, to prevent serious physical or mental harm, or to alleviate severe pain.

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* (Alberta) or the *Health Professions Act* (Alberta), and who practises within scope and role.

Health record means the Alberta Health Services legal record of the patient's diagnostic treatment and care information.

Poisoning means experiencing the toxic effects of a drug or substance.

REFERENCES

- Alberta Health Services Governance Documents
 - *Medication Administration Policy* (#HCS-244)
 - *Naloxone Administration: Suspected Opioid Poisoning (Overdose) Policy* (#HCS-247)

VERSION HISTORY

Date	Action Taken
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