

TITLE

SUSPECTED OPIOID OVERDOSE MANAGEMENTSCOPE

Provincial: Injectable Opioid Agonist Therapy Program

DOCUMENT

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Vice President, System Innovations & Programs

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Executive Director, Provincial Addiction and Mental Health

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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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OBJECTIVE

- To provide **health care professionals** with direction in the assessment and intervention for **patients** who display signs and symptoms of opioid overdose while accessing the **Injectable Opioid Agonist Therapy (iOAT)** program.

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. Points of Emphasis**

- 1.1 This protocol shall be initiated in emergency situations where an opioid overdose is suspected.
- 1.2 An **authorized prescriber's order** is required to initiate this protocol before or at the same time of the incident. An order to authorize initiation of this protocol, when required, should be documented by the authorized prescriber in the **health record** at time of admission to the program or prior to initiating administration of the opioid treatment in this program.
- 1.3 The Physician or Nurse Practitioner on site or the **most responsible health practitioner (MRHP)** on-call shall be notified as soon as possible when opioid overdose is suspected but this shall not delay immediate initiation of this protocol.

- 1.4 Treatment of overdose is symptom-based and may include, but is not limited to:
- a) initiation of rescue breathing;
 - b) oxygen, administration of Naloxone; and
 - c) initiation of cardiopulmonary resuscitation (CPR) if required.

2. Naloxone

- 2.1 Naloxone is an effective opioid antagonist that can act as a reversal agent in opioid overdose.
- 2.2 Naloxone is safe to use on all patients except in rare cases where the patient has a known anaphylactic allergic response to Naloxone. Naloxone has no effect and will not harm the patient if opioids are not present in the system.
- 2.3 Naloxone can be administered by health care professionals with the knowledge, skills and competency to do so and who are authorized to administer a medication via the intramuscular route.

3. Assessment

- 3.1 Signs and symptoms of opioid overdose include, but are not limited to the following, and should trigger immediate intervention:
- a) decreased level of consciousness and/or unresponsive to verbal stimulation and/or sternal rub;
 - b) breathing is very slow, erratic or the patient is apneic;
 - c) pulse is slow and/or rhythm is erratic or absent;
 - d) fingernails or lips are blue tinged;
 - e) vomiting;
 - f) body is limp or the patient is unconscious;
 - g) snoring or gurgling sounds;
 - h) constricted pupils (small or pinpoint);
 - i) seizure-like movement/activity and/or rigid posturing; or
 - j) cold and clammy skin.
- 3.2 Patients may exhibit the signs and symptoms listed in Section 3.1 at any time during an overdose episode.

- 3.3 If an opioid overdose is suspected the health care professional shall make a clinical judgment whether to:
- a) initiate the protocol;
 - b) call for direction from the Physician or Nurse Practitioner on site immediately;
 - c) call the MRHP on-call; or
 - d) call 911 immediately to activate Emergency Medical Services (EMS). See more detailed information under Section 4.2.
- 3.4 If an opioid overdose is suspected, the first clinical intervention is to maintain the patient's airway and breathing using:
- a) oxygen per nasal prongs at four to six (4-6) liters per minute;
 - b) oxygen per mask at six to 10 (6-10) liters per minute; or
 - c) by insertion of an oropharyngeal airway and using a bag-valve-mask unit with oxygen (according to basic cardiac life support (BCLS) principles and standards).

4. Administration of Naloxone

- 4.1 Dose:
- a) Naloxone is stored in one (1) millilitres (mL) vials and contains 0.4 mg/mL of medication per vial.
 - b) The single dose for administration under this protocol is 0.4 mg.
 - c) Naloxone shall be administered intramuscularly (IM). Subcutaneous administration is not to be used as absorption is very slow and overdose is an emergency situation requiring a rapid response.
 - d) The preferred site of administration for rapid absorption is the vastus lateralis or the mid-section of the thigh. Administration into the deltoid muscle will result in very slow absorption and a delayed response.
 - e) Draw up 0.4 mg of Naloxone using an appropriate needle and syringe.
 - f) Expose the patient's thigh and clean the mid-section (vastus lateralis) of the thigh with an alcohol swab. Based on clinical judgment, the medication can be administered through clothing if exposing the site will cause significant and potentially harmful delays in treatment.
 - g) Repeat the doses every two (2) to three (3) minutes, if clinically required.

- h) If after two (2) doses of Naloxone, there is no clinical response, other causes of decreased level of consciousness should be considered as this may not be the result of an opioid overdose.
- i) The recommended maximum dose is four (4) single doses (0.4 mg) or 1.6 mg total.

4.2 Reassessment and Interventions:

- a) Once the first dose of Naloxone has been administered, assess the patient for:
 - (i) increased level of consciousness;
 - (ii) improved quality of breathing; and
 - (iii) responses to stimulus.
- b) If the patient becomes responsive and is no longer showing signs of overdose risk, place the patient in a recovery position (on their left side). Monitor the patient for at least two (2) hours for possible return to an overdose state due to the short half-life of Naloxone (i.e., 30-90 minutes) and discharge (refer to Section 6 for further instructions).
- c) If the patient is not responding to the first dose of Naloxone continue with oxygen or use of the oro-pharyngeal airway and bag-valve-mask.
- d) If no improvement noted after a maximum of two (2) – three (3) minutes, administer a second dose of Naloxone and notify the Physician or Nurse Practitioner on site or the MRHP on call for additional orders or call 911 to activate EMS.
- e) Continue airway management/oxygenation if required while awaiting the arrival of EMS.
- f) If the Physician or Nurse Practitioner is not on site, notify the MRHP on call of the overdose episode and the actions taken.

5. Transfer of Care

- 5.1 The call to the 911 EMS dispatcher should include a message that Police may not be required if there are no concerns for patient or staff safety at this time. EMS dispatch will decide the resources required based on the details of the call.
- 5.2 Report shall be provided to the EMS providers at time of transfer if required. The transfer of care to EMS and the proposed transfer destination, if available, shall be recorded in the patient's health record.
- 5.3 If the patient refuses to be transferred to an Emergency Department with EMS, then the patient should be monitored on site according to direction from the

Physician or Nurse Practitioner on site or the MRHP on-call and according to site capacity as determined by the Care Manager or delegate.

6. Post Overdose

- 6.1 The Physician or Nurse Practitioner on site or the MRHP on-call shall be contacted to discuss hydromorphone dosing adjustments for the next clinic visit.
- 6.2 If the patient is alert and able, staff shall offer education related to overdose, what occurred and plans for next steps. A Naloxone Kit shall be provided with instructions on when and how to use the kit if an overdose occurs.
- 6.3 The Care Manager or delegate should arrange for a staff debriefing session following any overdose episode. This session will provide all staff and Physicians with the opportunity to discuss the steps taken, address any issues and identify areas for improvement and support for the future. The process for debriefing for the specific incident shall be at the discretion of the Care Manager or delegate and the team based on assessment of the circumstances at the time.

7. Documentation

- 7.1 **Health care providers** shall document in the patient’s health record all interventions performed including:
 - a) observations and findings;
 - b) clinical treatment;
 - c) emergency procedures undertaken;
 - d) patient responses to treatment (e.g. patient refusal to be transferred to Emergency);
 - e) transfer information;
 - f) patient education; and
 - g) follow-up.

DEFINITIONS

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 health care that is necessary to preserve life, to prevent serious physical or mental harm, or to alleviate severe pain.

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

Health care professional means a member of a regulated health discipline as defined by the *Health Disciplines Act* [Alberta] or the *Health Professions Act* [Alberta] who practices within the scope and role.

Health care provider means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with AHS.

Injectable opioid agonist therapy means the provision of supervised injectable hydromorphone as a treatment option for patients with severe opioid use disorder (OUD) that have been previously unsuccessful with current opioid agonist therapy options including oral medications (e.g., Methadone, Suboxone).

Most responsible health practitioner (MRHP) means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by Alberta Health Services to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of their practice.

Order means a direction given by a regulated health care professional to carry out specific activity (-ies) as part of the diagnostic and/or therapeutic care and treatment, to the benefit of a patient. An order may be written (including handwritten and or electronic), verbal, by telephone or facsimile.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients, and outpatients.

REFERENCES

N/A

VERSION HISTORY

Date	Action Taken
TBD	Optional: Choose an item