

Naloxone (NARCAN®)

Naloxone hydrochloride

Naloxone temporarily blocks or reverses the side effects of opioids, including heroin, fentanyl, oxycodone, methadone, hydrocodone, morphine, codeine, Vicodin® and others. *It is used to treat an opioid overdose in an emergency situation, but is not a substitute for emergency medical care.* Although available both as an injectable and a nasal spray, the nasal spray is gaining in popularity because it is a ready-to-use, 1 ml prefilled single dose. The drug takes effect in 1-3 minutes, usually before medical personnel can get to the subject.

It is important to remember that naloxone is effective for opioid overdoses only.¹ Side effects are rare and include opioid withdrawal, resulting in irritability, runny nose, sweating, nausea and vomiting. The only contraindication for use is for individuals allergic to the ingredients. There are no contraindications for use in children or the elderly.

Current laws

Although naloxone is a prescription drug, it is not a controlled substance. Its use and availability are governed by local and state law, not federal. Walgreens announced in 2016 that it will make naloxone available without a prescription in 35 states.² CVS made a similar news release in 2016. According to the Network for Public Health Law, as of April 15, 2016, all but five states have passed legislation designed to improve layperson naloxone access.¹, making it easier to obtain the drug and use it to save lives. Many states have also enacted Good Samaritan laws for bystanders. Pennsylvania made naloxone available to public high schools in 2016; Ohio has similar legislation pending. There is also legislation pending in Congress that would allocate federal funds to fight the opioid epidemic.

More than **90 people die every day** from overdoses involving opioids, including both prescription and illicit drugs.

www.cdc.gov/drugoverdose/index.html

SCARE ME Training Reminder⁶

- S. SIGNS** of overdose include no response to stimulation, blue lips, slowed or stopped breathing
- C. COMMUNICATE** with emergency personnel. Emergency medical assistance should be summoned since the effects of naloxone can wear off in 20-90 minutes.
- A. AIRWAY** Clear the subject's airway.
- R. RESCUE** breathing: pinch off nose and give two quick breaths every five seconds.
- E. EVALUATE** respiration, responsiveness and general physical condition.
- M. MUCOSAL** (nasal) spray into each nostril or by muscular injection. Continue rescue breathing if necessary until medical personnel arrive.
- E. EVALUATE** overall condition again and administer a second dose if deemed necessary.

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Symptoms of opioid overdose

- Unusual sleepiness and inability to wake the person with a loud voice or by rubbing firmly on the middle of the chest/sternum
- Breathing problems including slow or shallow breathing in someone difficult to awaken or look like they are not breathing
- Pupils of the eye are very small (pinpoint) in someone difficult to wake up
- Pale clammy skin or bluish tint; cyanosis

Policy

Develop a simple strategy/policy for responding to overdose at your facility. All staff should receive training on the brand and administration of naloxone in use at the facility.

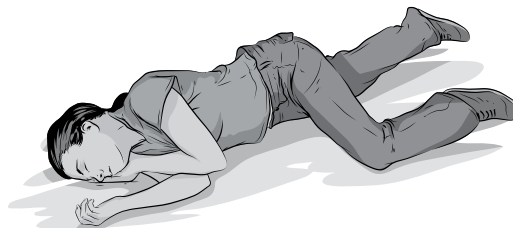
An incident report should be completed immediately if naloxone is administered and the dosage should be replaced as soon as possible. All incident reports should be reviewed monthly.

Storage

Naloxone is not a controlled substance and does not need to be kept in locked storage. Although it does not provide a ‘high’, it could be subject to theft and like other medications, should not be left in the open. It should be stored at room temperature 59-70 degrees F and it is light sensitive. Naloxone should not be frozen or exposed to freezing temperatures. Since more than one dose may be needed for each incident, more than one dose should be on hand at all times. In organizations that may have a greater potential for an overdose, stocking additional doses may be necessary.

Supply and expiration date must be checked at the beginning of each shift. As naloxone loses effectiveness over time, any expired product should be disposed of according to local regulations and manufacturer’s directions.

*After restoration of breathing the client should be placed in the **recovery position**, on their side with head on hands and one leg over body to prevent rolling on stomach.*



Develop a simple strategy/policy for responding to overdose at your facility.

Policy Statement Example

All staff at this facility will be trained on the administration and use of naloxone. Manufacturer’s directions for storage and use are to be followed.

Resources:

1. Network for Public Health Law, Legal Interventions to reduce overdose Mortality: Naloxone access and overdose good Samaritan laws
2. <http://news.walgreens.com/press-releases/general-news/walgreens-leads-fight-against-prescription-drug-abuse-with-new-programs-to-help-curb-misuse-of-medications-and-the-rise-in-overdose-deaths.htm>
3. <http://www.prnewswire.com/news-releases/pa-governor-wolf-joins-departments-of-education-health-and-drug-and-alcohol-programs-to-support-use-of-life-saving-drug-anti-dote-in-schools-300145603.html>
4. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mmm6423a2.htm>
5. ProjectLazarus.org
6. opiatesupportgroup.com/wp-content/uploads/2016/04/SCARE-ME.pdf
7. http://www.accessdata.fda.gov/drugsatfda_docs/label/2015/208411lbl.pdf

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