#### STANDING ORDERS

**Naloxone** is indicated for reversal of opioid overdose in the setting of respiratory depression or unresponsiveness. It may be delivered intra-nasally with the use of a mucosal atomizer device.

# This standing order authorizes the Name of Organization to maintain supplies of nasal naloxone kits for the purposes of responding to opioid exposures during emergencies involving opioids.

#  This standing order authorizes the Name of Organization staff to possess and distribute nasal naloxone.

# This standing order authorizes Name of Organization staff who are trained employees to possess and administer nasal naloxone to patient who are experiencing a drug exposure. Organization Name staff will call 911 immediately.

1. **Administration of nasal naloxone:** Administer nasal naloxone to patient suspected of an opioid exposure with respiratory depression or unresponsiveness as follows:
2. Remove naloxone nasal spray from box by peeling back the tab with the circle to open the spray.
3. Hold the naloxone nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
4. Tilt the head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into either nostril until your fingers are against the bottom of the person’s nose.
5. Press the plunger firmly to give the dose of naloxone nasal spray.
6. Remain with individual until he or she is under the care of a medical professional, such as a paramedic, emergency medical technician, physician, or nurse. Rescue breathing (one breath every 5 seconds) or CPR should be given if trained/comfortable while waiting for emergency medical assistance.
7. Administer additional doses of nasal naloxone, using a new nasal spray with each dose, if exposed patient does not respond or responds and then relapses into respiratory depression, additional doses of naloxone nasal spray may be given every 2 to 3 minutes until emergency medical assistance arrives.

Do not administer nasal naloxone to a patient with known hypersensitivity to naloxone.

**Physician’s Signature and California Medical License # Date**

**Physician’s Name (Print) Position Order Expiration Date**

 **Naloxone NASAL SPRAY box** contain the following at a minimum:

* One naloxone HCl nasal spray (concentration 4mg/ml) – single application
* Quick Start Guide

**Approved Opioid Overdose Trainer:** A person designated by **Name of Organization** to serve as its trainer and trained by San Diego County PHS to conduct Opioid Exposure Responder trainings.

**Approved Opioid Overdose Responder:** A person, who successfully completed an Opioid Overdose Prevention Training, provided the training was presented by an approved Opioid Overdose Trainer.

This standing order is in accordance to the **Overdose Treatment Liability Act (AB635)** which allows the creation of a standing order prescription allowing naloxone to be prescribed to non-medical personnel who have received training in overdose (exposure) prevention without the need for a direct provider-patient consultation.