



2233 University Ave W, Suite 325
St. Paul, MN 55114

952.943.3937

Hope@SteveRummlerHOPENetwork.org

www.SteveRummlerHOPENetwork.org

A 501(c)(3) Public Charity

Steve Rummler HOPE Network Overdose Prevention Program

STANDING ORDERS

FOR THE FOLLOWING:

Naloxone is indicated for reversal of opioid overdose in the setting of respiratory depression or unresponsiveness. It may be delivered intranasally with the use of a mucosal atomizer device, with the Narcan® nasal spray intranasal device, or intramuscularly with a syringe. This standing order is current as of January 1, 2020. All standing orders have been reviewed carefully and are consistent with the most current recommendations and may be revised by the clinician signing them.

1. This standing order authorizes Steve Rummler HOPE Network (SRHN) to maintain supplies of injectable, nasal naloxone or Narcan® nasal spray intranasal device kits for the purpose of distribution in accordance with MN statute 151.37 Subdivision 12, to participating clinics, emergency departments and community programs
2. This standing order authorizes designated SRHN Overdose Prevention Partners to possess and distribute naloxone to community members who have completed overdose training and required documentation. The existence of the QR code satisfies the training requirements and does not require any additional provided training by SRHN Overdose Prevention Partners.
3. This standing order authorizes community members, trained by designated SRHN Overdose Prevention Partners, to possess and administer naloxone to a person who is experiencing an opioid overdose in accordance with MN statute 151.37 Subdivision 12.

Definition of SRHN Overdose Prevention Partner: An organization partnering with the SRHN to increase access to naloxone for community members by providing a publicly accessible pick-up site for naloxone.

Naloxone - Clinical Pharmacology:

Complete or Partial Reversal of Opioid Depression

Naloxone prevents or reverses the effects of opioids including respiratory depression, sedation and hypotension. Also, naloxone can reverse the psychotomimetic and dysphoric effects of agonist-antagonists such as pentazocine. Naloxone is an essentially pure opioid antagonist, i.e., it does not possess the “agonistic” or morphine-like properties characteristic of other opioid antagonists. When administered in usual doses and in the absence of opioids or agonistic effects of other opioid antagonists, it exhibits essentially no pharmacologic activity. Naloxone has not been shown to produce tolerance or cause physical or psychological dependence. In the presence of opioid dependence, opioid withdrawal symptoms may appear within minutes of naloxone administration and subside in about 2 hours. The severity and duration of the withdrawal syndrome are related to the dose of naloxone and to the degree and type of opioid dependence. While the mechanism of action of naloxone is not fully understood, in vitro evidence suggests that naloxone antagonizes opioid effects by competing for the μ , κ and σ opioid receptor sites in the central nervous system, with the greatest affinity for the μ receptor.

Indications and Usage for Naloxone - Naloxone is indicated for the complete or partial reversal of opioid depression, including respiratory depression, induced by opioids.

The mission of the Steve Rummler HOPE Network is to heighten awareness of the disease of addiction as it relates to the physical and emotional burdens of chronic pain and to improve the associated care process.

Contraindications - Naloxone is contraindicated in patients known to be hypersensitive to naloxone hydrochloride or to any of the other ingredients in naloxone.

Warnings:

Repeat Administration

The patient who has satisfactorily responded to naloxone should be kept under continued surveillance and repeated doses of naloxone should be administered, as necessary, since the duration of action of some opioids may exceed that of naloxone. Patients who require multiple doses of naloxone will require further medical care and EMS should be requested.

Respiratory Depression due to Other Drugs

Naloxone is not effective against respiratory depression due to non-opioid drugs. Reversal of respiratory depression by partial agonists or mixed agonist/antagonists, such as buprenorphine, may be incomplete or require higher doses of naloxone. If an incomplete response occurs, rescue breathing should be performed as clinically indicated.

Adverse Reactions:

Opioid Dependence:

Abrupt reversal of opioid effects in persons who are physically dependent on opioids may precipitate an acute withdrawal syndrome which may include, but is not limited to, the following signs and symptoms: body aches, fever, sweating, runny nose, sneezing, yawning, weakness, shivering or trembling, nervousness, restlessness or irritability, diarrhea, nausea or vomiting, abdominal cramps, increased blood pressure, tachycardia.

Drug Abuse and Dependence:

Naloxone is an opioid antagonist. Physical dependence associated with the use of naloxone has not been reported. Tolerance to the opioid antagonist effect of naloxone is not known to occur.

Naloxone Dosage and Administration:

Through collaboration with Allina Health, Hennepin County Medical Center, hospitals and qualified medical personnel, opioid users and their contacts will be trained in the use of naloxone for the reversal of opioid overdose.

Program participants must meet all of the following criteria:

- Current opioid users, individuals with a history of opioid use, or someone with contact with opioid users;
- Risk for overdose or likelihood of contact with someone at risk;
- Able to understand and willing to learn the essential components of Overdose Prevention and Response and naloxone administration.

When distributed within a hospital setting a qualified medical provider (RN, MD, DO, PA-C, CNP or Pharmacist) trained in opioid overdose education will review the prospective participant to make a determination about the individual's eligibility for the program using the above-mentioned criteria. The qualified medical provider will then engage the participant in a brief educational program about overdose prevention and response, or provide direction to appropriate educational resources.

When distributing to community members a designated SRHN Overdose Prevention Partner, using the above-mentioned criteria, may engage the participant in a brief educational program about overdose prevention and response, or provide direction to appropriate educational resources.

The educational program components will include:

- Overdose prevention techniques
- Recognizing signs and symptoms of overdose
- Airway and breathing assessment
- Rescue breathing
- Calling 911
- Good Samaritan, immunity from prosecution
- Naloxone storage, carrying, and administration
- Post-overdose follow-up and care

Order to dispense:

Upon participant completion of Overdose Prevention Training Program or direction to an appropriate educational resource.

The naloxone should be stored at room temperature with limited exposure to natural light. The SRHN scoop kit provides adequate protection from light and will prevent degradation of the medication.

Dispense Injectable naloxone kit, which will contain the following at a minimum:

- Three 1cc Naloxone Hydrochloride (concentration .4mg/ml)
- Three 3ml syringes with 25g 1" needles.
- Step-by-step instructions for administration of naloxone

Directions for administration of injectable naloxone: Administer naloxone to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

1. Assess the person and confirm suspicion of opioid overdose.
2. Call 911.
3. Provide 2 rescue breaths using appropriate barrier
4. Pop off the orange cap from the vial of naloxone, exposing the rubber seal.
5. Open one intramuscular syringe with needle.
6. Draw the entire contents of the 1cc vial of naloxone into the syringe.
7. Inject the naloxone into the muscle of the upper outer shoulder, or front or outer thigh.
8. Resume rescue breathing until the overdosing person begins to breathe on their own and shows signs of responsiveness.
9. Administer second dose (1cc) of naloxone if there is no response after approximately 2-3 minutes.
10. Remain with the person until he or she is under care of a medical professional, like a physician, nurse or emergency medical technician.
11. Repeat list items 8 through 10 as needed.

Directions for administration of injectable naloxone using auto-injector: Administer naloxone to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

1. Assess the person and confirm suspicion of opioid overdose.
2. Call 911.
3. Provide 2 rescue breaths using appropriate barrier.
4. Remove auto-injector from the kit or manufacturer's box.
5. Pull off the red safety guard.
6. Place the black end against the middle of the patient's outer thigh, through clothing (pants, jeans, etc) if necessary, then press firmly and hold in place for 5 seconds.
7. Resume rescue breathing until the overdosing person begins to breathe on their own and shows signs of responsiveness.
8. Administer second dose (1cc) of naloxone if there is no response after approximately 2-3 minutes.
9. Remain with the person until he or she is under care of a medical professional, like a physician, nurse or emergency medical technician.
10. Repeat steps 7 through 9 as needed.

Dispense intranasal naloxone kit, which will contain the following at a minimum:

- Three (2mg/2ml)Naloxone Hydrochloride
- Three atomizer (Mucosal Atomization Device)
- Step-by-step instructions for administration of naloxone

Directions for administration of intranasal naloxone: Administer naloxone to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

1. Assess the person and confirm suspicion of opioid overdose.
2. Call 911.
3. Provide 2 rescue breaths using appropriate barrier.
4. Pop yellow caps from the clear plastic syringe.
5. Remove the red cap from the capsule of naloxone.
6. Attach the medication atomizer Device to the syringe via the luer lock connector.
7. Screw the capsule of naloxone into the open end of the syringe.
8. Place the tip of the medication atomizer Device snugly against the nostril aiming slightly up and outward (toward the top of the ear).
9. Briskly compress the syringe plunger to deliver half of the medication into the nostril.
10. Move the device over to the opposite nostril and administer the remaining medication into the nostril.
11. Resume rescue breathing until the overdosing person begins to breathe on their own and shows signs of responsiveness.
12. Administer second dose if there is no response after approximately 2-3 minutes.
13. Remain with the person until he or she is under care of a medical professional, like a physician, nurse or emergency medical technician.
14. Repeat steps 11 through 13 as needed.

Dispense Narcan® nasal spray (4mg/0.1mL) intranasal device, which will contain the following at a minimum:

- Two Narcan® nasal spray devices
- Step-by-step instructions for administration of naloxone

Directions for administration of intranasal naloxone: Administer naloxone to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

1. Assess the person and confirm suspicion of opioid overdose.
2. Call 911.
3. Provide 2 rescue breaths using appropriate barrier.
4. Remove Narcan® nasal spray devices from box.
5. Peel back the tab with the circle to open the Narcan® nasal spray device.
6. Hold the Narcan® nasal spray device with your thumb on the bottom plunger and your first and middle finger on either side of the nozzle.
7. Gently insert the top of the nozzle into either nostril until your fingers on either side of the nozzle are against the bottom of the person’s nose, tilt the person’s head back and support the neck with your hand.
8. Press the plunger firmly to give the dose of Narcan® nasal spray. Remove it from the nose after giving the dose.
9. Resume rescue breathing until the overdosing person begins to breathe on their own and shows signs of responsiveness.
10. Administer second dose in the other nostril if there is no response after approximately 2-3 minutes.
11. Remain with the person until he or she is under care of a medical professional, like a physician, nurse or emergency medical technician.
12. Repeat steps 10 through 11 as needed.

Katherine Katzung 54943

Physician’s Signature and License No.

Date

Katherine Katzung, M.D.

Physician’s Name

County of Dakota, by and through its Department of Public Health

Name of Organization

This is the organization that will be receiving, storing and/or dispensing naloxone on behalf of the Steve Rummler HOPE Network and under the medical direction, liability and protections of the SRHN Overdose Prevention Medical Director (above physician)

DocuSigned by:
Marti Fischbach
96039F9D032D437...

01/30/2024 | 4:03 PM CST

Signature of Representative

Date

Approved as to form for Dakota County Public Health: /s/ Suzanne W. Schrader, Asst. County Atty, KS-24-43, 1-11-2024