

MARSHALL CO SCHOOLS

NARCAN (naloxone) ADMINISTRATION PROTOCOL

Signs and Symptoms of Opioid Overdose

School nurses may administer naloxone (Narcan) to a patient (student, staff member, or visitor) in the event of respiratory depression, unresponsiveness or respiratory arrest when an opioid overdose is suspected. The following are signs of an opioid overdose:

- Blue skin tone, usually lips and fingernails show first
- Body is very limp
- Face is very pale
- Pulse is slow, erratic or not present
- Vomiting
- Choking sounds, gurgling, snoring/gasping noise
- Breathing is very slow, irregular or has stopped
- Unresponsive

Procedure

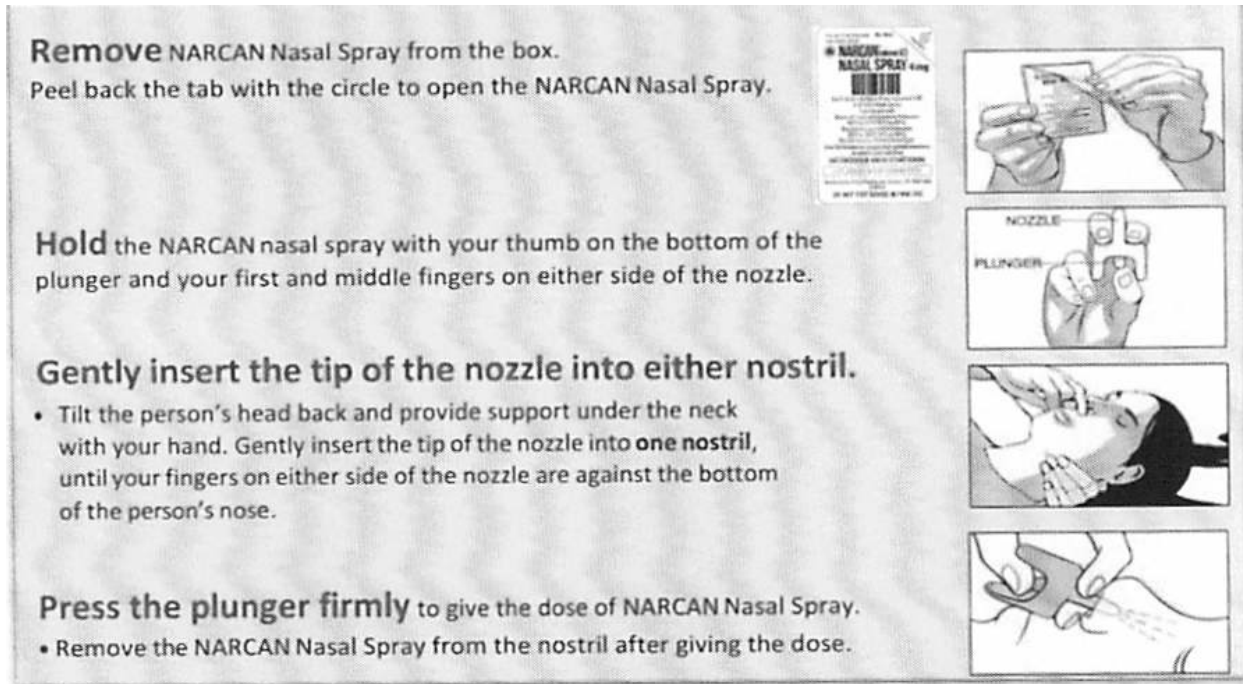
1. **Activate EMS** by calling 911.
2. **Assessment:**

When a patient is suspected of an opioid overdose the nurse will conduct an initial assessment of the level of consciousness and respiratory status.

- a. For patients with no pulse: initiate steps of CPR per guidelines
- b. For patients with a pulse but who are not breathing: open the airway and perform rescue breathing using a face mask or shield.
- c. For patients who have a pulse and are breathing: assess if there is respiratory depression as evidenced by:
 - A very low respiratory rate
 - Low pulse oximetry reading, if immediately available
- d. Assess for decreased level of consciousness as evidenced by:
 - Difficult to arouse (responds to physical stimuli but does not communicate or follow commands, may not move spontaneously)
 - Unable to arouse (minimal or no response to noxious stimuli, does not communicate or follow commands)
- e. Nurse determines need for naloxone administration.

3. Administration: Intranasal administration of naloxone

Exclusion criteria include nasal trauma and/or epistaxis



(Graphic credit: ADAPT Pharma, 2015)

- Continue rescue breathing or CPR as needed
 - If no response, an additional dose may be administered after 3-5 minutes
 - Monitor until EMS arrives
 - Place the victim in recovery position and stay with the victim. Recovery position is when you lay the person on his/her side with top knee bent and face turned to the side.
4. **Additional Considerations:**
- a. The victim may be angry or combative upon waking up, therefore it is important to stand back from the victim, and, if possible, have a second adult present.
 - b. Potential adverse effects include nausea, diarrhea, abdominal cramping, irritability, restlessness, muscle or bone pain, tearing or runny nose, craving of an opioid, and flash pulmonary edema (may cause death).
 - c. Naloxone wears off in thirty (30) to ninety (90) minutes.
5. **Transport** to the nearest appropriate facility via EMS. Students who receive naloxone must be sent to the emergency room for follow-up.
6. **Follow-up:**
If administration was to a student, the school nurse will notify the Central Office.
Student and family will be provided substance abuse prevention resources as needed.

7. **Documentation:**

Record the encounter in student health history and on an incident report. The recording should list the dose, route of administration, and time of delivery, as well as the patient response to naloxone.

8. **Training:**

School nurses will be updated annually on naloxone uses and side effects.

9. **Procurement:**

The school nurse or designee per the Superintendent will be responsible for the procurement of naloxone. A prescription will be provided by the District's Physician.

10. **Storage:**

Naloxone should be stored in a secure, unlocked location, at room temperature, and away from direct sunlight. It should be clearly marked and stored in an accessible place as determined by the school nurse.