

NARCAN NASAL SPRAY 4mg Medical Director Standing Order

NARCAN is indicated for the reversal of opioid overdose induced by natural or synthetic opioids and exhibited by respiratory depression or unresponsiveness. NARCAN is delivered by intranasal administration as indicated. This standing order covers the possession and distribution of NARCAN Nasal Spray 4mg.

Trained staff of _____ may possess and distribute NARCAN Nasal Spray 4mg to 1) a person at risk of experiencing an opioid-related overdose or 2) a family member, friend, or other person(s) in a position to assist a person at risk of experiencing an opioid-related overdose.

Administration of NARCAN Nasal Spray 4mg to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

Use NARCAN Nasal Spray for known or suspected opioid overdose in adults and children. Important: For use in the nose only.

- Do not remove or test the NARCAN Nasal Spray until ready to use.
 - Each NARCAN Nasal Spray has 1 dose and cannot be reused.
 - You do not need to prime NARCAN Nasal Spray.
-
- Initial Medical Approach.
 - Check for Environmental Clues
Drugs, Drug Paraphernalia, Signs and Symptoms (Pin Point Pupils)
 - Not breathing? Give rescue breaths
 - No pulse? Begin CPR.
 - Unresponsive with pulse and shallow breathing, respirations less than eight (8) per minute or absent administer naloxone
 - Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose.
 - Press the plunger firmly to give the dose of NARCAN Nasal Spray.
 - If no response to the medication, continue rescue breathing and repeat the administration after 3 - 5 minutes.
 - Remain with the person until the individual is under the care of someone of equal or higher level of training such as EMT's, paramedics or staff of an emergency department.

ALL INDIVIDUALS WHO HAVE RECEIVED NASAL NALOXONE MUST BE TRANSPORTED TO AN EMERGENCY DEPARTMENT.

QTY: Up to 300/month. REFILLS: 11

DATE: _____

Signature
Daniel Muse
Daniel Muse, MD
MPTC MEDICAL ADVISOR

danmuse@comcast.net
(781) 530-7233

