

Minnesota Naloxone Project: Naloxone Dispensing and Consultation Checklist

Introduction and recommendation

“Based on _____, you may be a candidate for naloxone. Naloxone is a medication that blocks the effects of opioids during an overdose. Having Naloxone is a way you and the people around you can be prepared for an emergency.”

Risk factors for opioid overdose include the following:¹

- Daily opioid doses exceeding 50 morphine milligram equivalents (MME) per day
- Comorbid mental health diagnosis (e.g. depression, anxiety, schizophrenia, bipolar, schizoaffective disorder, post-traumatic stress disorder)
- Comorbid renal dysfunction, hepatic disease or respiratory diagnoses
- Concurrent use of benzodiazepines or alcohol
- Receiving a methadone prescription
- Recent emergency medical care for opioid overdose/poisoning/intoxication, recent discharge from opioid detox or a treatment program, or recent release from incarceration
- History of opioid addiction or other substance use disorder

Verify that the intended recipient does not have a known hypersensitivity to naloxone

Review the signs and symptoms that indicate naloxone may be needed to block the effects of an opioid overdose during an opioid overdose:¹

- Slow or shallow breathing
- Blue or gray lips and fingernails
- Pale and/or clammy skin
- Unable to wake up
- Pinpoint pupils
- Limp body/unresponsive
- Vomiting or gurgling sounds

Administration

Instruct the patient on proper administration, using a training device if at all possible.¹ Provide a patient handout on the selected naloxone dosage form. Steps include:

1. Using knuckles against the chest plate, check for responsiveness by eliciting a pain response
2. If unresponsive, call 911
3. Provide 2 rescue breaths
4. Administer Naloxone
5. Provide rescue breaths
6. If little to no effect within 2 minutes, administer another dose of Naloxone if available
7. Continue rescue breaths until emergency medical services (EMS) arrives

Effectiveness

Instruct the patient that naloxone works within 2-3 minutes, depending on the dosage form. If there is no improvement in symptoms in 2-3 minutes, additional dose(s) of naloxone can be given.¹

- Naloxone is only effective in opioid overdose, not overdose from other drugs
- Naloxone should be stored at room temperature.
- Naloxone's effectiveness can't be guaranteed beyond the expiration date; each dose has an expiration date. In an emergency, when only an expired dose is available, it is better than using nothing
- Only fill the syringe when you are ready to administer the Naloxone; once inserted in a syringe, it expires within 2 weeks.
- The shelf life of naloxone is generally 12-18 months

Safety

- Naloxone has no harmful effects if given to someone who hasn't overdosed
- Naloxone does not produce tolerance and little to no abuse potential
- In an opioid overdose, naloxone can and should be administered to a pregnant woman
- Naloxone blocks the effects of opioids during an overdose, so withdrawal symptoms will be experienced by the user, which may include: confusion, restlessness, irritability, vomiting, increased heart rate, diarrhea, agitation/combatative behavior

Disposal

- Nasal spray should be disposed of in the trash, inaccessible to children and pets
- Injectable administration of naloxone should be disposed of in a sharps container

Minnesota Opiate Antagonist Protocol requirements:²

- Ensure the patient understands that opioid antagonists are only useful in opioid overdoses
- Ensure the person to whom the naloxone will be administered doesn't have a known hypersensitivity to naloxone
- Provide the recipient of naloxone with written information AND counseling, including administration, effectiveness, adverse effects, storage conditions, shelf-life, safety, and any other information deemed necessary
- The pharmacist shall provide the recipient with information about and/or referrals to substance abuse treatment resources if the recipient indicates interest
- The pharmacist shall provide the recipient with information and appropriate resources concerning proper disposal of medications and/or needles/syringes
- The pharmacist shall answer all questions the recipient may have regarding naloxone
- The pharmacist must generate a written or electronic prescription for any naloxone dispensed; it must be processed in the same manner as any other prescription is processed and kept on file and maintained for at least two years (or longer if Medicare or Medicaid payment).
- If the patient consents, the pharmacist shall notify the patient's primary care provider of any drug or device dispensed. If the patient doesn't have a primary care provider or does not give consent, then the pharmacist shall provide the recipient with a written record of the drug or device dispensed and advise the patient to consult an appropriate health care provider of the patients' choice.

Supporting referral to treatment:

Normalize/Provide non-judgmental stance	Thank you for sharing your concern. I have resources to help you.
Assess	Do you have a primary care doctor, nurse, counselor, case manager, or care coordinator who you can talk to more about this?
Refer	Ensure they have a point person to call and schedule an appointment. If no clinic, offer to look up the clinic nearest to their home (use the referral list provided for treatment providers if needed).
Ask Permission	Would it be okay if we looked at a list of resources together to see what would be the best fit?

Minnesota Recovery Connection is a resource navigation tool: help people find treatment, housing, employment, recovery, and financing treatment/assessments. 651-201-3837

National Helpline: 1-800-622-HELP (4357); can be used to connect to local treatment facilities

Go to www.health.state.mn.us/opioiddashboard

Click on Use, Misuse, Substance Use Disorder italicized indicator to expand the section

Click on Resources: Select the resource that is most appropriate and provide referral numbers and/or assist the patient is making a phone call

SUD Treatment Fast-Tracker

Searchable online tool for statewide Substance Use Disorder (SUD) services to assist individuals, family members, detox programs, assessors, care coordinators, physicians, and others to quickly access SUD service openings statewide (e.g. choose Addictions, Chemical Dependency, or Detoxification in the “Search for Clinics” section of the website). Substance Use Disorder treatment programs and detoxification programs licensed by DHS must update program openings on a daily basis.

Recovery Community Organizations funded by DHS to provide peer recovery support services for substance use disorder and addiction:

- [Minnesota Recovery Connection](#)
- [Recovery is Happening](#)
- [ReGroup Minnesota](#)

Other Resources to Bookmark:

SAMHSA Substance Use Disorder

Facts on common substance use disorders including Opioid Use Disorder

SAMHSA Buprenorphine Treatment Physician Locator

Find physicians authorized to treat opioid dependency with buprenorphine (e.g. suboxone, subutex) by state

Licensing Look Up

Look up licensed providers who specialize in the treatment of substance use disorder that involves injection drug use

Minnesota Treatment Centers and Programs

Guide to alcohol and drug treatment centers and programs in Minnesota

Rule 25 Assessment

List of referral numbers for counties in Minnesota

AA Meeting Locator

List of AA meetings throughout Minnesota

NA Meeting Locator

A list of NA meetings throughout Minnesota

1. Naloxone Access: A Practical Guideline for Pharmacists. College of Psychiatric and Neurologic Pharmacists.
<http://prescribetoprevent.org/wp2015/wp-content/uploads/naloxone-access.pdf>
2. Opiate Antagonist Protocol. Minnesota Board of Pharmacy.
<http://www.health.state.mn.us/divs/healthimprovement/content/documents/OpiateAntagonistProtocolRevision09302016.pdf>

Developed in alignment with the Minnesota Board of Pharmacy, the Minnesota Pharmacists' Association and the Minnesota Department of Health.

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