



Standing Order for Distribution of Naloxone Prescription for Overdose Prevention.

Medication Covered by this order: Naloxone Hydrochloride (including Narcan® and Evzio) is a medication indicated for reversal of opioid overdose in the event of a drug overdose that is the result of consumption or use of one or more opioid related drugs causing a drug overdose event. It is contraindicated in patients known to be hypersensitive to naloxone hydrochloride.

I. Purpose

This Standing Order is intended to ensure that residents of the State of Vermont who are at risk of experiencing an opioid-related overdose, or who are family members, friends or other persons who are in a position to assist a person at risk of experiencing an opioid-related overdose (Eligible Persons), are able to obtain naloxone. This Order is not intended to be used by organizations who employ or contract with medical staff who are authorized to write prescriptions. Such organizations should utilize the medical professionals with whom they have a relationship to write prescriptions specific to personnel who would be expected to train in the administration of naloxone.

II. Authority

This Standing Order is issued pursuant to 18 V.S.A. § 4240 (c)(1) which permits health care professionals otherwise authorized to prescribe naloxone to prescribe it via standing order to Eligible Persons.

III. Authorization

This standing order may be used by Eligible Persons as a prescription or third-party prescription to obtain naloxone. This order is authorization for pharmacists to dispense naloxone and devices for its administration in the forms prescribed herein.

Eligible Persons should be provided with the following:

1. Naloxone/ Narcan Nasal Spray
2. Patient information pamphlet with overdose prevention information and step-by-step instructions for overdose response and naloxone administration, and information regarding accessing services including [VT Helplink.org](http://VTHelplink.org)

IV. Training, Instructional Materials, and Liability

Prior to obtaining naloxone under this standing order, Eligible Persons shall review instructional materials or complete a training program approved by the Vermont Department of Health such as the one found online at:

<https://www.healthvermont.gov/naloxone>

Persons who administer naloxone to a person shall be immune from civil or criminal liability so long as he or she believes, in good faith, that the victim is experiencing an opioid-related overdose, and he or she immediately calls for emergency medical services if medical assistance has not yet been sought or is not yet present. A healthcare professional who dispenses or distributes naloxone to persons at risk of experiencing an opioid-related overdose; or a family member, friend, or other person in a position to assist a person at risk shall be immune from civil or criminal liability with regard to the subsequent use of the naloxone¹.

V. Signs and Symptoms of Opioid Overdose

1. Unresponsive or unconscious individuals
2. Not breathing or slow/shallow respirations
3. Snoring or gurgling sounds (due to inadequate breathing)
4. Blue lips and/or nail bed
5. Pinpoint pupils

Note that individuals in cardiac arrest from all causes share many symptoms with someone with an opioid overdose (unresponsiveness, not breathing, snoring/gurgling sounds and blue skin/nail beds). If there is no pulse, these individuals are in cardiac arrest and require CPR.

VI. Appropriate Use and Directions

Eligible Persons should be aware of the following information when responding to a person who is having a suspected opioid overdose event:

1. Call 911 for EMS to be dispatched.
2. Naloxone should only be given to someone suspected of opioid overdose as noted in the signs and symptoms listed in Section V above.
3. In respiratory arrest or a non-breathing patient: If able to do rescue breathing, rescue breathing takes priority over naloxone administration. If possible also administer naloxone.
4. The naloxone should be administered in accordance with the medication's instructions.

For Intra-nasal Narcan Nasal Spray Instructions:

- A. Insert the end of the device into the nostril of the victim. Push the middle portion of the nasal device to spray 4 mg of naloxone into one nostril.
- B. Continue to monitor breathing and pulse. If not breathing, give rescue breathing and chest compressions (2 rescue breaths for every 30 chest compressions) until they are breathing on their own.

¹ See <http://legislature.vermont.gov/statutes/section/18/084/04240> .

- C. If the person is breathing on their own, place them in the recovery position on to their left side.
5. Remain with the person, monitoring their breathing and pulse until they are awake or under care of a medical professional, such as a physician, nurse, or EMS.

Note: In cardiac arrest or pulseless patients: Call 911 for EMS and start CPR if able and trained to do so. In cardiac arrest, CPR is the most important treatment and any attempt to administer naloxone should not interrupt chest compressions and rescue breathing.

VII. Key Information for Persons Carrying naloxone

1. If you believe someone is experiencing an opioid overdose, call 911 immediately.
2. Remain with the person until first responders arrive. State Law provides that if you seek medical assistance for someone who is experiencing a drug overdose, you shall not be cited, arrested, or prosecuted for the possession of regulated drugs at the scene of the overdose if you call 911, provide all necessary information and remain with the person in distress.
3. Become familiar with how to use naloxone before someone needs it, by receiving training from your pharmacist, your medical provider, or go to the VDH website at <https://www.healthvermont.gov/naloxone>
4. Be aware that persons who have been administered naloxone are often confused momentarily after regaining consciousness.

VIII. Review

This standing order shall remain in effect until August 31, 2025, unless earlier revoked. This standing order will be reviewed and updated if there is relevant new science about naloxone administration, or if the current Commissioner of Health ceases being Commissioner.



Mark A. Levine, MD, Commissioner

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Effective Date

Information for Pharmacists:

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