



Date: December 15, 2023

DPH BCHP 23-01

To: Nurses licensed in Wisconsin and working outside of traditional health care settings

From: Jasmine Zapata, MD, MPH, FAAP, Chief Medical Officer for Community Health and State Epidemiologist for Maternal and Child Health and Chronic Diseases

## Statewide Naloxone Standing Order for Nurses

### Background

Naloxone is indicated for the complete or partial reversal of opioid overdose induced by natural or synthetic opioids and exhibited by respiratory depression or unresponsiveness. It may be delivered via intranasal or intramuscular routes.

Naloxone does not reverse overdoses caused by non-opioid drugs. It will not cause harm if it is administered to someone who is not experiencing an overdose due to opioids. It cannot be abused and is not addictive.

### Statewide Standing Order

A standing order is defined in [Wis. Stat. § 450.01\(21p\)](#) as an order transmitted electronically or in writing by a practitioner for a drug or device for multiple patients or for one or more groups of patients. A centralized, statewide opioid antagonist standing order for registered nurses (RN) and licensed practical nurses (LPN) outlines predetermined conditions and criteria that, when met, enables RNs and LPNs across Wisconsin to possess, distribute, and administer an opioid antagonist without a patient-specific order. A licensed physician in Wisconsin and chief medical officer within the Department of Health Services (DHS) may issue standing orders for naloxone that delegate authority to nurses practicing and licensed in Wisconsin to distribute and/or administer naloxone to those patients specified in the standing order.

### Subject

Statewide Naloxone Standing Order for Nurses

### Effective Date

12/1/2023

### Expiration of Standing Order

This order is effective as of the date signed and shall remain effective until withdrawn by Dr. Zapata, DHS secretary, or either's designee. Dr. Zapata retains the right to modify or supplement this order as needed.

**Approved for use as a population-based standing order by:**  
Wisconsin Department of Health Services (DHS)

**Purpose**

This statewide naloxone standing order delegates authority to nurses and outlines the policies and procedures necessary for:

1. Distributing naloxone to patients at risk of an opioid overdose or to individuals in a position to assist the patient at risk for an overdose.
2. Administering naloxone to a person who is experiencing an opioid overdose.

**Policy**

This statewide naloxone standing order authorizes trained RNs and LPNs licensed in Wisconsin and working outside of traditional health care settings in Wisconsin such as local public health departments and schools to:

1. Possess and maintain a supply of naloxone for the purposes of distribution.
2. Distribute naloxone to any person 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 of experiencing an opioid-related overdose.
3. Administer naloxone to a person who is experiencing an opioid overdose.

**Procedures**

Standing order compliance requirements:

1. A copy of the standing order signed by a DHS chief medical officer, who is also a licensed physician in Wisconsin, must be maintained on file and be readily retrievable at each participating site.
2. To be eligible to distribute and administer naloxone under the statewide standing order, all nurses must complete minimum training. This training should include, at a minimum, identification of patients at risk for opioid overdose, administration of intranasal and intramuscular naloxone, patient education and counseling, naloxone precautions and contraindications, and medication storage. We encourage nurses to continue to educate themselves on best practices for distributing and administering naloxone and other related content. Training may be accessed via the below steps:
  - a. Go to <https://www.dhs.wisconsin.gov/opioids/professionals.htm#NDP>
  - b. Scroll down and select **NARCAN Direct Program: Resources for certified trainers**. An accordion will open.
  - c. Select and view the **NARCAN training video** produced by DHS staff. The videos are available in English, Hmong, and Spanish.
  - d. Additional videos and training resources are available on the Dose of Reality website: <https://www.dhs.wisconsin.gov/opioids/index.htm>
3. All RNs and LPNs covered under this order must complete the required training and be familiar with naloxone rescue kits and patient education materials.
4. An RN or LPN distributing naloxone must educate the patient and distribute patient education materials and the time of distribution.

**Protocol for Possession and Distribution of Naloxone in a Public Health Setting**

Clinical pharmacology description	Naloxone is indicated for the complete or partial reversal of opioid overdose induced by natural or synthetic opioids and exhibited by respiratory depression or unresponsiveness. <b>It may be delivered via intranasal or intramuscular routes.</b>
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Eligible candidates for distribution	<p>People who voluntarily request naloxone, including:</p> <ul style="list-style-type: none"> <li>• Any individual who is at risk of experiencing an opioid-related overdose</li> <li>• Any family member, friend, or other person who may assist an individual at risk for an opioid-related overdose</li> </ul>
Patient education	<p>Patient education regarding overdose recognition and naloxone administration can be provided at any time without an order. For purposes of this standing order:</p> <ul style="list-style-type: none"> <li>• Review common questions about opioids and address risk factors that can put someone at increased risk of overdose: <a href="#">Dose of Reality: Get the Facts on Opioids</a></li> <li>• Provide overview of how to recognize an overdose and proper procedure to respond to an overdose: <a href="#">Dose of Reality: Overdose</a></li> <li>• Discuss how to administer naloxone and when: <a href="#">Dose of Reality: Safer Use</a></li> <li>• Discuss how to safely dispose of opioids and other unused prescription medication: <a href="#">Dose of Reality: Safe Disposal</a></li> </ul> <p>Other patient education materials are available, as specified on DHS webpages.</p>
Additional patient education	<ul style="list-style-type: none"> <li>• Instruct the individual, parent, or guardian to call the medical provider if questions, concerns, or problems arise. Additionally, instruct patient to communicate with the provider regarding overdose risk or risk factors and the use of naloxone.</li> <li>• If the individual wants information on how to talk to someone about opioids and opioid use, provide talking points resource: <a href="#">Dose of Reality: Start Talking About Opioids</a>.</li> <li>• If concerns are expressed about substance use disorder, provide resources on support, recovery, and treatment: <a href="#">Dose of Reality: Opioid Treatment and Recovery</a>.</li> <li>• Instruct the individual, parent, or guardian on how to store naloxone and a good place to keep it that is out of extreme temperatures and direct sunlight (for example, keep in purse or backpack and do not store in car).</li> <li>• Instruct the individual to return for a refill as needed, subject to use and expiration of naloxone.</li> <li>• Ask each patient if they would like to get repeat patient education around overdose prevention and opioid safety. Repeat education may not be necessary.</li> </ul>

**Procedure for Naloxone Emergency use in a Public Health Setting**

<b>Condition or situation</b>	
Condition or situation in which the standing order will be used	Anyone who presents in a Wisconsin public health or school setting who is or becomes unresponsive, loses consciousness, is not breathing, or has no pulse; emergency procedures will be initiated, and naloxone will be administered to the person per local agency emergency policy.
<b>Assessment</b>	
Assessment criteria	<p>Assess the person for:</p> <ol style="list-style-type: none"> <li>1. Responsiveness by speaking and touching the person.</li> <li>2. Presence or absence of pulse.</li> </ol>
<b>Subjective findings</b>	
Subjective	Anyone who presents with <b>any</b> of the following:

	<ul style="list-style-type: none"> <li>• Known or suspected opioid overdose</li> <li>• Becomes unresponsive</li> <li>• Has loss of consciousness</li> <li>• Has no assessable respirations</li> </ul>
<b>Objective findings</b>	
Objective	<p>Anyone who presents with <b>any</b> of the following:</p> <ul style="list-style-type: none"> <li>• Unresponsive: does not respond to verbal or physical stimulation</li> <li>• Unconscious: does not respond to touch</li> <li>• Does not have a pulse</li> <li>• Does not have respirations</li> </ul>
<b>Nursing plan of care</b>	
Contraindications for use of this order	Known allergy or hypersensitivity to naloxone
Precautions	<ul style="list-style-type: none"> <li>• Risk of recurrent respiratory depression: Duration of action of opioids may exceed that of naloxone resulting in return of respiratory depression—medical attention should be sought immediately when responding to a suspected overdose.</li> <li>• Precipitation of opioid withdrawal: Adverse reactions are related to reversing dependency and precipitating withdrawal and include fever, hypertension, tachycardia, agitation, restlessness, diarrhea, nausea or vomiting, myalgia, diaphoresis, abdominal cramping, yawning, and sneezing. <ul style="list-style-type: none"> <li>○ These symptoms may appear within minutes of Naloxone administration.</li> <li>○ The severity and duration of the withdrawal syndrome is related to the dose of Naloxone and the degree of opioid dependence.</li> </ul>                     Adverse effects beyond opioid withdrawal are rare. </li> <li>• Naloxone crosses the placenta and may precipitate withdrawal in the fetus: The fetus should be evaluated for signs of distress after naloxone is used. Naloxone should only be used in pregnant women with opioid dependence in life-threatening overdose situations.</li> </ul>
Medical treatment	<p>If <b>one</b> of the subjective <b>or</b> objective findings are present:</p> <ol style="list-style-type: none"> <li>1. Call 911 immediately.</li> <li>2. Administer naloxone and initiate CPR as indicated.</li> <li>3. If the person is unresponsive to voice or touch, has no respirations or no pulse, or relapses to such conditions, repeat naloxone administration. Continue CPR as indicated until person becomes responsive or emergency medical services (EMS) arrives and takes over.</li> </ol>
Nursing actions	<ol style="list-style-type: none"> <li>1. Call 911 immediately.</li> <li>2. Follow emergency policy and procedure for the agency.</li> <li>3. Request staff person to obtain naloxone.</li> <li>4. Initiate and continue CPR and monitoring for respiration and responsiveness as indicated until EMS arrives and takes over.</li> <li>5. Move the person into recovery position (on their side) after administering naloxone and once overdose victim is breathing again.</li> </ol>

	<ol style="list-style-type: none"> <li>6. Stay with the overdose victim until help has arrived as naloxone can wear off after 30–90 minutes.</li> <li>7. Continue to assess the person’s responsiveness, respiration, and pulse; the victim may develop recurrent respiratory depression as the naloxone wears off and opioids are still in their system.</li> <li>8. Ensure that the victim does not take more opioids, even if they do not feel well.</li> </ol>
Follow-up	<ol style="list-style-type: none"> <li>1. Document actions taken in the health record, including vital signs, medications and treatments, the time of administration, the time event was observed, name of personnel administering or observing, and the person’s response.</li> <li>2. Support the person as they recover and encourage further medical evaluation.</li> <li>3. Report the events and actions taken to first responders or EMS when they arrive.</li> </ol>

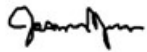
**Medication administration**

Product and quantity	Medication	Intramuscular	Intranasal Ready to Use	Assembly Needed
		Two single-use 1 ml vials of naloxone hydrochloride (0.4 mg/ml)	Pre-packaged kits with two single-use spray devices containing naloxone hydrochloride (4 mg/0.1 ml)	Two 2 ml Luer-Jet Luer-lock syringes prefilled with naloxone hydrochloride (2 mg/2 ml)
	Supplies	Two intramuscular needle syringes (3 ml, 25 G, 1 inch) Gloves	None needed	Two mucosal atomization devices

Medication administration instructions	Intramuscular	Intranasal Ready to Use	Assembly Needed
	<ol style="list-style-type: none"> <li>1. Uncap the naloxone vial and uncap the muscle needle syringe.</li> <li>2. Insert the muscle needle through the rubber membrane on the naloxone vial, turn the vial upside down, draw up 1 mL of naloxone liquid into the syringe, and withdraw the needle from the vial.</li> <li>3. If time allows, open the alcohol wipe and rub the area where the injection will be administered.</li> </ol>	<ol style="list-style-type: none"> <li>1. Peel back package to remove the device.</li> <li>2. Place the tip of nozzle in either nostril.</li> <li>3. Press plunger firmly to release the dose into patient’s nose.</li> <li>4. If there is no response after three (3) minutes, give an additional dose of nasal</li> </ol>	<ol style="list-style-type: none"> <li>1. Pop off the two colored caps from the delivery syringe and one from the naloxone vial.</li> <li>2. Screw the naloxone vial gently into the delivery syringe.</li> <li>3. Screw the mucosal atomizer device onto the top of the syringe.</li> <li>4. Spray half (1 ml) of naloxone in one</li> </ol>

	<p>4. Insert the needle into the muscle of the upper arm or thigh of the victim, through clothing if needed, and push on the plunger to inject the naloxone.</p> <p>5. If there is no response after three (3) minutes, repeat the injection.</p>	<p>spray using a new device.</p>	<p>nostril and the other half (1 ml) in the other nostril.</p> <p>5. If there is no response after three (3) minutes, repeat.</p>
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**Statewide Naloxone Standing Order Signature:**



12/5/23

**SIGNATURE:**

Dr. Jasmine Y. Zapata, DHS Chief Medical Officer

**Date Signed**