

Use of Narcan	
I. Purpose and Overview	1
II. Definition	1
III. Training and Management of Naloxone	1
IV. Protocol	2
V. Storage/Maintenance/Replacement	3
VI. References	4
VII. Action	4
Referenced Forms	4
Attachments	4

Section-14 Medical Services Resource Manual	MSRM 140118-03	Page: 1	Effective Date: 2/2/2024
Use of Naloxone (Narcan)	ACA Standards: 5-ACI-6A-05, 5-ACI-6A-08, 5-ACI-6B-01, 5-ACI-6B-28, 5-ACI-6B-09		
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Use of Naloxone (Narcan)

I. Purpose and Overview

This treatment guideline deals with the treatment of opioid overdoses and the administration of opiate antagonists.

II. Definition

Naloxone: Naloxone also known as Narcan is a medication that can reverse an overdose caused by an opioid drug. When administered during an overdose, naloxone can block the effects of opioids on the brain and restore breathing within two to eight minutes. Common methods of administering naloxone are intranasal, auto injector or intramuscular. For purposes of this MSRM, the intranasal method is described.

III. Training and Management of Naloxone

- A. Designated staff members will receive training regarding naloxone.
- B. Naloxone training will be provided with First Aid and CPR to newly hired staff during pre-service training and annually.
- C. A standing order will be issued by the Chief Medical Officer authorizing possession and administration of naloxone by the designated trained staff.

IV. Protocol

Staff responding to a possible opioid overdose will determine to the best of their ability, whether the patient is experiencing an overdose.

A. Signs of an opioid overdose may include all or some of the following:

1. Unusual sleepiness, stupor or coma
2. Breathing problems; slow or shallow breathing or respiratory failure
3. Pinpoint pupils
4. Cold, clammy skin

B. If opioid overdose is suspected, the following steps are initiated.

1. Stimulate – Stimulate the patient with a sternal rub. If inmate does not arouse, arouses but is delirious or has altered consciousness continue to step two.
2. Administer Naloxone – If no response from stimulation, give naloxone nasal spray:
 - a. PEEL - peel the back of package to remove the device.
 - b. PLACE - place tip of container in patient's nostril.
 - c. PRESS - press firmly on the device plunger to release the dose.
3. Emergency Medical Services (EMS) Support - If no response, the patient is delirious or has altered consciousness, correctional facility staff will contact the Emergency Medical Services (EMS) and medical staff.
4. Rescue Breathing - If the inmate is not breathing or has slow breathing begin rescue breathing. If inmate has no pulse begin CPR. Give rescue breaths utilizing proper safety equipment, 1 breath every 5 seconds until the patient can breathe on their own.
5. After 3-5 minutes, - If the inmate responds and then lapses back into respiratory depression, remains unresponsive, delirious or has altered consciousness repeat another dose of Narcan, continue rescues breathing if breathing is slow or no breathing and CPR if no pulse.
6. Recovery Position - Place patient on their side with hand supporting their head once breathing is restored. Narcan can induce vomiting.
7. Disposal - Used naloxone kits will be placed in a bio-hazard container.

- C. Adolescents and children five years or older should receive the same dose of naloxone as adults. Infants and children weighing less than 40 pounds, consult with EMS. Pregnant women should also receive the same dose, the drug does cross the placenta, however; the benefit of receiving the drug outweighs the risks to the unborn child.
- D. Any patient who is given Narcan and remains hemodynamically unstable, shows signs of respiratory depression, or displays a fluctuating level of consciousness will need to be transferred by EMS to the local ER for a higher level of care.
- E. If, after Narcan administration, the patient is hemodynamically stable, showing no respiratory depression, and is alert and oriented, the patient may be observed in the medical clinic or a Special Management Unit (SHU) cell, for a total of at least four hours before being released to a housing unit.
- F. If the inmate is to be observed for more than four hours, it will be in accordance with OP-140119.

V. Storage/Maintenance/Replacement

- A. Naloxone kits will be stored in a manner consistent with manufacturer guidelines.
- B. Naloxone kits will be protected from direct sunlight and be stored in an area between 59 – 86 degrees.
- C. Naloxone kits will be kept in a secure area that is accessible to trained staff.
- D. Naloxone kits will be inspected monthly in accordance with OP 130107 entitled “Standards for Inspections”. Used, damaged or expired kits will be reported to the Correctional Health Services Administrator (CHSA). The CHSA will ensure that kits are replaced as needed.
- E. The “Incident/Staff Report” OP-050109 – [Attachment A](#) will be completed and given to the CHSA when Naloxone is administered.
- F. The “Overdose Prevention Program Report-Back Form” [MSRM 140118.03 A](#) will be completed by the CHSA if the Naloxone is used, damaged or expired. The form will be sent to the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) at LEOForms@odmhsas.org and to the Medical Services Manager. The “Overdose Prevention Program Report-Back Form” – [MSRM 140118.03 A](#) will be maintained by the CHSA. ODMHSAS will mail replacement kits to the facility.

VI. References

Centers for Disease Control and Prevention. Opioid Overdose Prevention Programs Providing Naloxone to Laypersons — United States, 2014, Morbidity and Mortality Weekly Report. June 19, 2015 / 64(23);631-635

Oklahoma Statute §63-1-2506.1

VII. Action

The chief medical officer, Medical Services will be responsible for compliance with this procedure.

Any exceptions to this procedure will require prior written approval from the director.

This procedure will be effective as indicated.

Replaced: Medical Services Resource Manual 140118.03 entitled “Use of Naloxone (Narcan)” dated November 21, 2023.

Distribution: Medical Services Resource Manual

Referenced Forms	Title	Located In
MSRM 140118.03 A	“Overdose Prevention Program Report-Back Form”	Attached
Attachments	Title	Located In
Attachment A	“Incident/Staff Report”	OP-050109