Naloxone is indicated for reversal of opioid overdose in the setting of respiratory depression or unresponsiveness. It should not be administered to anyone known to be hypersensitive to naloxone hydrochloride. It may be delivered intramuscularly with a needle or intranasally with a mucosal atomizer device. It may also be administered using auto-injector.

1. This standing order authorizes Clallam County Health and Human Services Public Health to maintain supplies of naloxone kits for the purposes of distributing them as part of the Syringe Exchange Overdose Prevention Program.
2. This standing order authorizes trained Clallam County Health and Human Services staff to possess and administer naloxone as outlined in program policies and procedures.
3. This standing order authorizes Clallam County Health and Human Services staff to possess and distribute naloxone kits for the purpose of dispensing them to a person at risk of experiencing an opiate-related overdose as defined in program procedures.
4. Directions for use: Call 911 as soon as possible for a person suspected of an opioid overdose with respiratory depression or unresponsiveness, and initiate rescue breathing.

Administer auto-injector naloxone (Evzio, NDC 60842-030-01):
- Pull auto-injector from outer case and pull off red safety guard,
- Place the black end of the auto-injector against the outer thigh, through clothing if needed, press firmly, and hold in place for 5 seconds,
- Repeat if there is no response after three minutes.

Administer Inter muscular naloxone (Naloxone Hydrochloride, NDC 0409-1215-01)
- Draw naloxone from vial into syringe
- Inject naloxone into upper arm or thigh (through clothing if necessary)
- Repeat if there is no response after three minutes

Administer Intranasal naloxone (NARCAN Naloxone Hydrochloride, NDC 6954-70353-02)
- Peel back the package to remove the device.
- Place the tip of the nozzle in either nostril until your fingers touch the bottom of the person’s nose.
- Press the plunger firmly to release the dose into the person’s nose.

Continue rescue breathing and monitor respiration and responsiveness of the naloxone recipient until emergency help arrives.

________________________  ____________________
Physician’s Signature and License No.      Date

________________________  ____________________
Physician’s Name (Print)      Order Expiration Date