

Template Standing Order for Distribution of Naloxone by Organizations

This page is information for the signing physician only and should be removed from the order before use.

- This document is a template to be customized by each practitioner wishing to authorize the distribution of naloxone by an organization as allowed by NCGS 90-12.7.
 - This template does not authorize the dispensing of naloxone to an organization. A separate standing order must be executed to authorize the dispensing of naloxone to the organization..
 - This template is intended to authorize the distribution of the naloxone by the organization after it has been properly dispensed to the organization.
- The attached template **requires** edits before signing and use.
- Review all areas **highlighted in yellow**.
 - Fill in the requested information
 - Remove the yellow highlighting
- Review the area **highlighted in green**.
 - Ensure you want all formulations included and that you agree with the provided instructions.
 - Make any edits you feel necessary
 - Remove the green highlighting
- Complete the row for Record Keeping highlighted in **orange with any information the distributing agency should log and where logs should be submitted**. While it is not required to maintain logs of individuals receiving naloxone, it is a best practice to log basic information on kit distribution to collect data to support and track distribution efforts. Consider recoding the following information:
 - Date, number of kits distributed, name of distributor, zip code where distribution occurred, confirmation that education was provided.
 - Also include frequency with which logs should be returned and to whom they should be returned.
- Remove the “Template” watermark once you have completed the previous steps.
- If you have questions, please contact Amanda Moore – Amanda.fullermoore@dhhs.nc.gov

Distribution Order for Naloxone

I hereby authorize (INSERT AUTHORIZED AGENCY/GOUP/ORGANIZATION NAME(S) HERE) to distribute naloxone in the state of North Carolina to persons as directed below.

Distribution Protocol for Naloxone HCl	
Eligible Candidates	<ul style="list-style-type: none"> ▪ Persons who voluntarily request Naloxone and are at risk of experiencing an opiate-related overdose, including, but not limited to: <ul style="list-style-type: none"> – Current illicit or non-medical opioid users or persons with a history of such use – Persons with a history of opioid intoxication or overdose and/or recipients of emergency medical care for acute opioid poisoning – Persons with a high dose opioid prescription (>50 morphine mg equivalents per day) – Persons with an opioid prescription and known or suspected concurrent alcohol use – Persons from opioid detoxification and mandatory abstinence programs – Persons entering methadone maintenance treatment programs (for addiction or pain) – Persons with opioid prescription and smoking/COPD or other respiratory illness or obstruction – Persons with an opioid prescription who also suffer from renal dysfunction, hepatic disease, cardiac disease, HIV/AIDS – Persons who may have difficulty accessing emergency medical services – Persons enrolled in prescription lock in programs ▪ Persons who voluntarily request Naloxone and are the family member or friend of a person at risk of experiencing an opiate-related overdose. ▪ Persons who voluntarily request Naloxone and are in the position to assist a person at risk of experiencing an opiate-related overdose.

Route(s) of Administration	Intranasal (IN) <i>Preferred method</i>	Intramuscular (IM) Inject into shoulder or thigh
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Medication and Required Device for Administration	Naloxone HCl 1 mg/mL Inj. 2 x 2 mL as pre-filled Luer-Lock syringes • Distribute 2 (two) doses 2 (two) x Intranasal Mucosal Atomizing Devices (MAD 300) Available from: Teleflex (866-246-6990) or Safety Works, Inc. (800-723-3892)	Narcan ® 4 mg/0.1 mL Nasal Spray • Distribute 1 x two-pack	Naloxone HCl 0.4mg/mL Inj. <ul style="list-style-type: none"> ▪ 2 x 1mL single dose vials (SDV) ▪ 2 (two) 3 mL syringe ▪ 2 (two) 25 G, 1 inch needle Naloxone HCl 2 mg/2mL Inj. <ul style="list-style-type: none"> ▪ Distribute 2 (two) pre-filled syringes ▪ 2 (two) 25 G, 1 inch needle
Directions for Use	Call 911. Spray 1 mL in each nostril. Repeat every 3 minutes as needed if no or minimal response.	Call 911. Administer a single spray of NARCAN® in one nostril. Repeat every 3 minutes as needed if no or minimal response.	Call 911. Inject the entire solution of the vial or pre-filled syringe IM in shoulder or thigh. Repeat every 3 minutes as needed if no or minimal response.

Contraindications	A history of known hypersensitivity to Naloxone or any of its components
Patient Education	Every person provided Naloxone under this distribution order shall receive education regarding the risk factors of overdose, signs of an overdose, overdose response steps, and the use of Naloxone. Examples of educational materials that incorporate the above information may be found at http://www.naloxonesaves.org .
Storage	<ul style="list-style-type: none"> • Maintain kits in a secured location that limits access to authorized staff. • Store at controlled room temperature 59°F to 77°F (15°C to 25°C). Excursions permitted between 4°C to 40°C (39°F to 104°F). Do not freeze. Protect from light. • Inventory stored kits monthly to ensure expiration dates have not passed.
Record Keeping	

INSERT SIGNING PHYSICIAN NAME AND CREDENTIALS

Date Signed

INSERT PHYSICIAN TITLE

INSERT PHYSICIAN EMPLOYER

(Insert date 1 year from date of signing)

National Provider ID: INSERT NUMBER

Date Expires

This order is effective immediately upon signing and may be revised or revoked by (INSERT PHYSICIAN TITLE) according to his/her discretion. A copy should be maintained by the authorizing physician and the authorized agency(s).