Introduction

Individuals and entities that wish to obtain, administer or dispense naloxone under Indiana’s Statewide Naloxone Standing Order must annually register as “Naloxone Entities” with the Indiana State Department of Health on the OptIN website found here: https://optin.in.gov.

The Statewide Standing Order, authorized by I.C. § 16-42-27, is renewed each year. Naloxone Entities must at all times remain compliant with Indiana law to act under the Statewide Standing Order and abide by the attestations made on the OptIN website.

This Toolkit includes: (1) substance use/dependence education; (2) training on overdose response and naloxone administration; and (3) treatment and referral information. The Toolkit may be a helpful resource for Naloxone Entities seeking compliance with I.C. § 16-42-27.

Naloxone Entities will automatically receive renewed Standing Orders and other important communications as long as they maintain current contact information on OptIN. **Naloxone Entities are required by law to annually renew their registration, comply with reporting requirements, and to update their registration throughout the year as changes occur (e.g., input changes in address, contact information, etc.).**

**Note:** *Neither this Toolkit nor the Indiana Statewide Standing Order guarantees coverage or prior authorization under Medicaid or other insurance programs.*

Naloxone Overview

Naloxone is an opioid antagonist indicated to reverse central nervous system depression in an individual suffering from an opioid-related oversedation, poisoning or overdose. Naloxone is the generic form of Narcan. Naloxone does not cause euphoric effects, is non-addictive, and is not a drug of abuse. Since 1971, naloxone has been successfully used to reverse opioid overdoses. Naloxone is a legend drug, but not a controlled substance.

Naloxone Effects

Naloxone reverses opioid-related oversedation, poisoning or overdose by replacing and blocking agonists from attaching to the brain’s opioid receptors. Naloxone has a stronger affinity to the opioid receptors than do agonists. When administered to a person with opioids in their system, naloxone neutralizes the opioids’ effect, allowing the body to return to more normal function. However, because many opioid overdoses are caused by high
doses of opioid drugs or opioid drugs that are long-acting, rescuers may need to administer multiple doses of naloxone. For this reason and pursuant to Indiana Code § 16-42-27, seeking immediate medical assistance (calling 9-1-1) is a required part of overdose response education.

Naloxone does not reverse drug overdoses in people without opioids in their system or produce any effect and does not interact with any medications other than opioids. The only contraindication to administering naloxone is if the recipient has a known sensitivity or allergy to naloxone or its components, which is rare. Because opioids remain in the person’s system, naloxone cannot be used to disrupt a urine screen.

The most common side effect of naloxone in someone who has taken opioids is the induction of opioid withdrawal symptoms, including tachycardia, increased blood pressure, body aches, diarrhea, fever, and irritability.

**Symptoms of Opioid Overdose**

A person suffering an opioid overdose may present with some or all of the following symptoms:

- Decreased level of consciousness,
- Pinpoint pupils,
- Gurgling or choking noises,
- Body is limp,
- Breathing slows or stops,
- Heart rate slows or stops,
- Blue lips and/or nail beds,
- Clammy skin, or
- Cannot be woken or cannot speak, even after:
  - Shaken, or
  - Sternal rub.

**Environmental Signs of an Opioid Overdose**

In addition to the physical symptoms indicating an opioid overdose, the following items may indicate an opioid overdose:

- Needles,
- Spoons (especially bent spoons) or other cookers,
- Lighters,
- Tourniquets,
- Balloons or baggies,
- Pill bottles, or
• Pills (whole or crushed).

**Naloxone Administration**

If you believe that a person is suffering from an opioid overdose:

1. Confirm your belief by checking for the symptoms and signs of opioid overdose found herein.
2. **Call 9-1-1,**
3. Administer naloxone,
4. If the person has no pulse, give CPR if you know how and are comfortable doing so,
5. If there is no change in 3-5 minutes after giving naloxone, administer another dose, and
6. Stay with the person until first responders arrive.

When administering naloxone, an individual may not be considered to be practicing medicine without a license in violation of I.C. § 25-22.5-8-2, if the individual, acting in good faith, does the following:

1. Obtains naloxone from a prescriber (such as by participating in the Indiana Statewide Naloxone Standing Order);
2. Administers naloxone to an individual who is experiencing an apparent opioid-related overdose; and
3. Attempts to summon emergency services (calls 9-1-1) either immediately before or immediately after administering the naloxone.

**Instructions on How to Give Naloxone**

Naloxone Rescue Kits may be designed for nasal or muscular administration. Follow the instructions below based on the type of naloxone in your Naloxone Rescue Kit.

*Intranasal Naloxone:*

Follow steps 1 through 6 below for administering Naloxone Nasal Spray.
Intranasal Narcan:

Follow steps 1 through 3 below for administering Narcan Nasal Spray and watch the on-line video instructions at [www.narcannasalspray.com](http://www.narcannasalspray.com) before encountering an overdose emergency.

3 Steps to Help Reverse Opioid Overdose

Using NARCAN® Nasal Spray involves 3 simple steps.

1. **PEEL** back the package to remove the device.
2. **PLACE** the tip of the nozzle in either nostril until your fingers touch the bottom of the patient’s nose.
3. **PRESS** the plunger firmly to release the dose into the patient’s nose.
Intramuscular Naloxone via syringe:

Follow steps 1 through 3 below for administering injectable intramuscular Naloxone.

1. Take the orange cap off the vial and stick the needle through the rubber stopper,
2. Withdraw the indicated amount of medication, as directed on packaging, through the needle by pulling back on the plunger. Be sure the syringe fills with liquid — not air, and,
3. Insert syringe into muscle in the shoulder (like a flu shot) or into the front of the thigh. Push down on the plunger to empty the syringe.
Intramuscular Naloxone via preloaded syringes:

Follow steps 1 through 4 below for administering intramuscular Naloxone via preloaded syringes.

Syringe Assembly Instructions

1. Step 1 – Take the protective caps off the vial and injector
2. Step 2 – Thread the vial into the injector by using 3 half turns (or until the stopper is pierced by the metal cannula)
3. Step 3 – Remove the cover from the injection tip
4. Step 4 – Remove excess air before injecting the solution

Intramuscular Naloxone via auto-injector:

Follow steps 1 through 3 below for administering Naloxone via auto-injector.

Instructions for Use

STEP 1
Firmly pull the auto-injector from the outer case.

STEP 2
Pull off the red safety guard.

STEP 3
Place the black end of the auto-injector against the outer thigh, through clothing or personal protective equipment equipment (including MOPP PPE) if needed. Press firmly until you hear a click and hold in place for 3 seconds.

Treatment Information

Several resources exist for locating treatment information:
• Indiana’s Community Mental Health Centers: http://www.in.gov/fssa/dmha/files/DMHA_SOFs_and_CMHCs.pdf
• Substance Abuse and Mental Health Services Administration (SAMHSA) – See the Behavioral Health Treatment Services Locator and SAMHSA’s National Helpline: https://findtreatment.samhsa.gov; 1-800-662-HELP (4357); 1-800-487-4889 (TDD)
• Indiana State Department of Health: https://www.in.gov/health/overdose-prevention/
• Indiana Governor’s Task Force on Drug Enforcement, Treatment, and Prevention: http://www.in.gov/gtfdetp/index.htm
• Indiana Attorney General Prescription Drug Abuse Prevention Task Force: http://www.in.gov/bitterpill/
• Overdose Data to Action: https://www.cdc.gov/drugoverdose/od2a/funded-states.html
• Division of Mental Health and Addiction - Family and Social Services Administration: http://www.in.gov/fssa/dmha/index.htm#
• Connect 2 Help by dialing 2-1-1 or dial (317) 926-4357: https://in211.communityos.org/
• Overdose Lifeline: https://www.overdoselifeline.org/