

Management of Suspected Opioid Overdose (Adults & Youth) (for Nurses, NPs & VC Primary Care Physicians)

- These guidelines are intended for use when no prescriber orders exist
- Prescriber orders override RNs, RPNs, LPNs acting without an order
- If your unit has established opioid overdose procedures, continue to follow those procedures (for example, calling a Code Blue)

Site Applicability

VCH: All VCH sites with Manager approval

Practice Level

MD (VCH - VC Primary Care Physicians): Basic Skill

NP: Basic Skill

	Skill	RN / RPN: Basic Skill	LPN: Advanced Skill
Community (includes outpatient settings and publicly accessible areas in Acute and Residential Care such as restrooms and cafeterias)	Administer Naloxone without an order	Yes	Yes
	Administer Oxygen for Hypoxia without an order	Yes	Yes: <ul style="list-style-type: none"> • When SpO2 is less than 90%, or • person is unresponsive, or • cyanotic, or • respiratory rate is less than 10 breaths per minute.
Acute & Residential Care (applies to admitted in-patients and residents)	Administer Naloxone without an order	Yes <i>Exception: Pre-existing orders or site procedures take precedence.</i>	Orders required
	Administer Oxygen for Hypoxia without an order	Yes <i>Exception: Pre-existing orders or site procedures take precedence.</i>	Orders required

Education includes:

- A clinical training course is available through VCH Harm Reduction, [CCRS](#), or may be available through your trained program educator and/or clinical lead.

Clinical Indication

Suspected opioid overdose.

Policy Statement

RNs, RPNs, NPs, LPNs and VC Primary Care Physicians must follow the Provincial Decision Support Tool (DST) developed by the Provincial Health Services Authority (see practice guideline below) when providing care for adults who have overdosed or where opioid overdose is suspected.

Need to Know

The Health Professions Act – General Regulation (updated January 27, 2017) allows any person in any setting, including those who are not otherwise authorized, to assess for suspected opioid overdose and treat with first aid and naloxone.

LPN Scope: CLPNBC currently limits LPN administration of naloxone *without* an order to treat suspected opioid overdose to *non-hospital* settings (this includes publicly accessible hospital areas).

Opioid overdose that is not detected or treated in a timely manner can lead to neurological damage or death from respiratory depression or arrest. Naloxone is a safe treatment that can be used to help prevent these outcomes in situations where opioid overdose is suspected.

Naloxone is a synthetic opioid antagonist, which competes for opioid receptor sites. It displaces previously administered opioids from their receptors, although it has no pharmacological activity as an independent agent.

Because naloxone's half-life is shorter than opioids, naloxone may wear off before the opioid, placing the client at risk of re-overdose. All clients treated with naloxone should be encouraged to go to hospital for follow-up and monitoring, and should be considered as candidates for receiving a Take Home Naloxone kit and training.

Practice Guideline

The BCCDC Provincial [DST for the use of naloxone HCl \(Narcan\) in the management of suspected opioid overdose in outreach and harm reduction settings](#) provides detailed guidance on the assessment, management and follow-up care for clients who have overdosed on opioids or in situations where an opioid overdose is likely. **Please note:** This DST was updated in Jan 2017.

In VCH sites with Code Blue Teams, the Code Team will be called instead of (or in addition to) 911.

Equipment & Supplies

- Safety syringes with IM/SC needles
- Alcohol swabs
- Gloves
- Breathing mask
- Sharps disposal container
- Naloxone ampoules(for IM/SC injection)
(The items above may be available in a VCH naloxone first aid kit)
- Pulse oximeter (if available)
- O₂ supply with nasal prongs/mask (if available)
- Oral/Nasal airway (if available)

Expected Patient/Client/Resident Outcomes

- Achieve adequate spontaneous ventilation
- Prevent negative sequelae such as neurological damage or death from respiratory depression or arrest

Patient/Client/Resident Education

The BCCDC Provincial DST for the use of naloxone HCl (Narcan) in the management of suspected opioid overdose in outreach and harm reduction settings provides client education information.

Documentation

- Refer to site documentation standards.
- **Nurse Initiated Activities (NIA)**: Refer to CCRS [NIA Course](#)

Related Documents

- VCH-N-0032: [Dispensing Naloxone Kits to Clients at Risk of Overdose](#)
- VCH-R-0380: [Management of Suspected Opioid Overdoses in Community Settings & Publicly Accessible Hospital Areas \(Adults & Youth\) \(for Allied Health and Unregulated Care Providers or staff\)](#)
- VCH Policy: MA_500: [Nurse Initiated Activity \(NIA\)](#)
- [Toward the Heart Training Manual](#): Overdose Prevention, Recognition and Response (under Participant Training)

References:

1. College of Registered Nurses of British Columbia. (2016). *Scope of practice for registered nurses*. (Scope of Practice No. 433 June 10, 2016). Vancouver, BC: College of Registered Nurses of British Columbia.
2. College of Registered Psychiatric Nurses of British Columbia. (2016, March 15). *Scope of practice for registered psychiatric nurses: Standards, limits and conditions*. Port Moody, BC: College of Registered Psychiatric Nurses of British Columbia.
3. College of Licensed Practical Nurses of British Columbia (2016, November 5). *Scope of practice for Licensed Practical Nurses*. Burnaby, BC: College of Licensed Practical Nurses of British Columbia.
4. Province of British Columbia *Ministerial Order M 021: Order of the Minister of Health: Health Authorities Act* (Jan 20, 2017).

Revised by

CPD Developer Leads:

(Feb 2017)

Lindsay Bendickson, Practice Initiatives Lead, Professional Practice, Vancouver Community
 Danielle Cousineau, Clinical Practice Lead, Primary Care, Vancouver Community
 Kelvin Britten, Practice Initiatives Lead, Professional Practice, Vancouver Community

(Sept 2016)

Lindsay Bendickson, Practice Initiatives Lead, Professional Practice, Vancouver Community
 Kelvin Britten, Practice Initiatives Lead, Professional Practice, Vancouver Community
 Jagdeep Gill, Practice Initiatives Lead, Professional Practice, Vancouver Community
 Elyse Vani, Nurse Educator, Urban Health, PHC
 Julie Foreman, Clinical Coordinator, Crosstown Clinic, PHC
 Deb Halket, Practice Consultant, Professional Practice, PHC
 Kofi Bonnie, Clinical Nurse Specialist, Mental Health, PHC
 Brenda Vaughn, Clinical Nurse Educator, Mental Health, PHC
 Ivana Marinova, Clinical Nurse Educator, Mental Health, PHC
 Elise Durante, Clinical Coordinator, Inner City Youth, PHC

Endorsed by:

VCH: *(Regional SharePoint 2nd Reading)*
 Health Authority Medical Advisory Council (HAMAC)
 Regional Pharmacy & Therapeutics Committee
 Health Authority Profession Specific Advisory Council Chairs (HAPSAC)
 Health Authority & Area Specific Interprofessional Advisory Council Chairs (HAIAC)
 Operations Directors
 Professional Practice Directors

Final Sign-off & Approved for Posting by

Barb Lawrie, Vice President, Professional Practice & Chief Clinical Information Officer, VCH

Note: This is a **controlled** document for VCH & PHC internal use. Any documents appearing in paper form should always be checked against the electronic version prior to use. The electronic version is always the current version.

Date of Approval/Review/Revision

Original Publication date: July 12, 2013

Revised: January 15, 2015 (*Sheway site added*)

May 19, 2016 (*add RPNs*)

Sept 30, 2016 (*expansion of site applicability, add 'clinical indications' section, clarify NIAs and education*)

Feb 28, 2017 (*highlight new BCCDC DST, add LPNs, remove NIAs, expand VCH site applicability, removed PHC at their request, clarify current scope of practice by setting for nursing designations, updated "Need to know" based on Health Professions Act changes*)