

**Subject:** Nebraska Naloxone Standing Order Information

Nebraska Naloxone Standing Order Information

Dear Pharmacists,

Opioid overdose deaths are a growing concern in Nebraska. In 2016, 128 people died of a drug overdose and at least 38 of those deaths were opioid related. Nebraska's drug overdose death rate has increased over the last decade – 6.9 overdose deaths for every 100,000 people in 2016 which is up from 3.6 in 2004.

Nebraska DHHS, Division of Public Health, Tom Safranek, MD, has issued a standing order to further facilitate the availability of Naloxone (in accordance with Neb. Rev. Stat. §28-470 and §38-2840). Expanding the availability of naloxone to friends, family and bystanders will increase the likelihood that it will be administered in a timely manner, and prevent death from an opioid overdose.

Details specific to the Naloxone Standing Order are included below in the attached document. Information that will be useful to you to proceed with the standing order for naloxone includes:

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If you have questions about the Naloxone Standing Order please contact Ashely Newmyer at [Ashley.newmyer@nebraska.gov](mailto:Ashley.newmyer@nebraska.gov) or 402-471-4377.

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**Nebraska Naloxone Standing Order**

**Background:**

On May 27<sup>th</sup> 2015, LB 390 was signed into law. This law authorized the expanded access to Naloxone a life-saving drug used to reverse the effects of an opioid overdose. Although the Naloxone statute (Neb. Rev. Stat. §28-470) allows for dispensing Naloxone without a prescription, if a prescription is desired this standing order can be used in its place, pursuant to Neb. Rev. Stat. §38-2840.

Opioid overdose deaths are a growing concern in Nebraska. Since 1999, Nebraska has seen an increase in drug overdose deaths.

**Purpose:**

This standing order, in accordance with Neb. Rev. Stat. §28-470 and §38-2840, is issued to further facilitate the availability of Naloxone.

Expanding the availability of naloxone to friends, family and bystanders will increase the likelihood that it will be administered in a timely manner, and prevent death from an opioid overdose.

**Immunity:**

Neb. Rev. Stat §28-470 provides protection from administrative action or criminal prosecution when a pharmacist dispenses naloxone under the following limited circumstances:

- A person who is apparently experiencing or who is likely to experience an opioid-related overdose; or
- A family member, friend, or other person in a position to assist a person who is apparently experiencing or who is likely to experience an opioid-related overdose.
- A family member, friend, or other person who is in a position to assist a person who is apparently experiencing or who is likely to experience an opioid-related overdose, other than an emergency responder or peace officer, is not subject to actions under the Uniform Credentialing Act, administrative action, or criminal prosecution if the person, acting in good faith, obtains naloxone from a health professional or a prescription for naloxone from a health professional and administers the naloxone obtained from the health professional or acquired pursuant to the prescription to a person who is apparently experiencing an opioid-related overdose.

**Dispensing Guidelines:**

Nasal administration

- Narcan® Nasal Spray (naloxone HCl) 4 mg/0.1ml Nasal Spray  
Dispense one (1) box containing two (2) 4 mg/0.1 ml doses of naloxone  
Instructions: Spray 0.1 ml into one nostril. Call 911. Repeat with second device into the other nostril after 2-3 minutes if no or minimal response. Monitor the person until professional help arrives.
- Naloxone HCl Solution 1mg/ml in a 2 ml pre-filled Luer-Lock Syringe  
Dispense: 2 x 2 ml syringes (4 ml total) with two nasal mucosal atomization devices

Instructions: Spray 1ml (1/2 of syringe) into each nostril. Call 911. Repeat after 2-3 minutes if no or minimal response. Monitor the person until professional help arrives.

#### Intramuscular (IM) administration

- Evzio® (naloxone HCl injection) 0.4 mg autoinjector  
Dispense one box containing two auto-injectors  
Inject into outer thigh as directed by the English voice-prompt system. Place black side firmly on outer thigh and depress and hold for 5 seconds. Call 911. Repeat with second device in 2-3 minutes if no or minimal response. Monitor the person until professional help arrives.
- Naloxone HCl 0.4 mg/ml in a 1ml unit dose vial  
Dispense: 2 x 1ml unit dose vials and two (2) 3cc syringes with 23-25G 1-1.5 inch needles for intramuscular injection.  
Instructions: Inject 1 ml in shoulder or thigh. Call 911. Repeat after 2-3 minutes if no or minimal response. Monitor the person until professional help arrives.

Prices vary widely for the different products and reimbursement practices vary by insurer.

Dispense at least 2 doses of naloxone to an individual. Refills may be dispensed under this standing order.

#### **Signs and symptoms of opioid-related overdose**

The following may be signs and symptoms of an individual experiencing an opioid-related overdose:

- A history of current narcotic or opioid use or fentanyl patches on skin or needle in the body.
- Unresponsive or unconscious individuals.
- Not breathing or slow/shallow respirations,
- Snoring or gurgling sounds (due to partial upper airway obstruction).
- Blue lips and/or nail beds.
- Pinpoint pupils.
- Clammy skin.

Note that individuals in cardiac arrest from all causes share many symptoms with someone with a narcotic overdose (unresponsiveness, not breathing, snoring/gurgling sounds, and blue skin/nail beds). If no pulse, these individuals are in cardiac arrest and require CPR.

#### **Adverse reactions :**

##### A. Opioid depression

Abrupt reversal of opioid depression may result in nausea, vomiting, sweating, abnormal heart beat, fluid development in the lungs and opioid acute withdrawal syndrome (see part "B" below), increased blood pressure, shaking, shivering, seizures and hot flashes.

##### B. Opioid dependence

Abrupt reversal of opioid effects in persons who are physically dependent on opioids may cause an acute withdrawal syndrome.

Acute withdrawal syndrome may include, but not be limited to, the following signs and symptoms: body aches, fever, sweating, runny nose, sneezing, yawning, weakness, shivering or trembling, nervousness, or irritability, diarrhea, nausea or vomiting, abdominal cramps, increased blood pressure, and fast heartbeat.

Reactions resulting from administration of naloxone may appear within minutes of naloxone administration and subside in approximately 2 hours. Additionally, the opioid-related adverse reactions may subside within minutes of naloxone administration; the reactions may reappear in approximately 90 minutes, so it is imperative that the person experiencing an opioid-related overdose receive emergency medical care following naloxone administration.

Most often the symptoms of opioid depression and acute withdrawal syndrome are uncomfortable, but sometimes can be severe enough to require advanced medical attention.

Adverse reactions beyond opioid-related overdose are rare.

**Educational Materials:**

Educational materials about naloxone can be found at:

<http://dhhs.ne.gov/publichealth/PDM/P/Pages/Naloxone.aspx>

**Effective Period for this Order:**

This standing order will expire August 10, 2019

 8-10-18

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