

Guiding Document for  
Naloxone Take Home Kit Dispensing

For

Alberta Emergency Departments

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The Emergency Department (ED) represents a unique setting to reach opioid users immediately after or before a life-threatening event.

The intent of this document is to provide guidance to staff and physicians working in the ED in the implementation of the Take Home Naloxone (THN) program. The document will illustrate potential scenarios that may present to the ED, and provide options based on the setting, staff training and authorization and resources.

Operationalization of this program will vary between sites. RN/RPN prescribing in rural and suburban sites that do not have 24 hour in-house physician/NP coverage is an opportunity /necessity to prevent overdose and save lives through recognition, response and dispensing of the THN kits. Urban sites that have physicians and nurse practitioners (NP) in-house 24/7 may choose not to encourage RNs/RPNs to complete the required education to become prescribers for the THN kits, but will focus on ensuring health care professionals are trained to provide patient education.

The guidelines in this document reflect the current status of dispensing THN kits as of April 8, 2016.

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## Key Messages

### Professional Education

- In order to prescribe and dispense, an RN or RPN must complete the Terms and Conditions identified by the College and Association of Registered Nurses of Alberta (CARNA) or the College of Psychiatric Nurses of Alberta (CRPNA). The requirements include:
  - The RN /RPN must be on the register and hold a current practice permit with CARNA/CRPNA
  - Completion of the e-learning module with a minimum of 80%. Module is available via My Learning link (AHS employees) or <http://cdm.absorbtraining.ca/#/login> (for non-AHS employees)
- If an RN/RPN is only dispensing (not prescribing) the kits, completion of the e-learning module provides them with the information necessary to provide appropriate patient training and documentation.

### Prescribing and Dispensing

- The RN/RPN must use the clinical support tools below:
  - [Decision Support Tool for Prescribing Take Home Naloxone Kit](#)
  - [Decision Support Tool for Prescribing and Dispensing Flow sheet](#)
  - [Prescribing and Administering Take Home Naloxone Kit Flow sheet](#)
  - [THN Client Knowledge Checklist](#)
  - [Naloxone Kit Dispensing Record](#)
- Prescribing vs dispensing
  - Dispensing is not new in the RN Scope of Practice. RNs are authorized to dispense per legislation (2005). As per the new ministerial order, RNs/RPNs that have completed the CARNA/CRPNA Terms and Conditions can now prescribe and dispense a THN kit. This can only occur at registered distribution sites where the RN/RPN has access to THN kits to dispense to the client on discharge.
- RNs/RPNs authorized to prescribe (i.e. have completed all CARNA/CRPNA Terms and Conditions) can dispense THN kits from their site of employment.
- RNs/RPNs are not currently permitted to write a script for a THN kit to be filled at another location.
- Physicians and Nurse Practitioners can provide a script for THN kit, but must be aware of which pharmacies in the community are dispensing the kits in order to advise the patient.

- The RN/RPN must document all nursing and prescribing Naloxone decisions in accordance with CARNA/CRPNA documentation standards and employer processes.
- All forms and learning tools are available on the take home naloxone program website, to view visit:  
<http://www.albertahealthservices.ca/info/Page13663.aspx>
- Target population:
  - Any person with a history of opioid use, currently using opioids or planning to use opioids, not just fentanyl, with the potential for an overdose
  - In the ED, kits can be prescribed to patients who present with overdose, patients who present with another complaint but are at risk of an overdose, or those who present to the ED only to obtain a THN kit.
  - The highest priority patients are those presenting with overdose, as they are the population at greatest risk of a future overdose.
  - The Take Home Naloxone kits can only be prescribed and dispensed to the patient or the individual that is using or may use opioids.
  - To dispense to the family or friends of the user is called Third Party prescribing and is a prohibited practice under Federal law in Canada.
- Patients presenting to ED for THN kit only (no other presenting complaint):
  - Referral to another location should be a rare occurrence, used only if there are no other options.
  - As Health Care Providers we have a responsibility to provide patient-centered, evidence-based care for our patients, which, for patients presenting with an opioid overdose, includes teaching on overdose response and provision of a Take Home Naloxone kit.
  - The choice to refer these patients to another location will be an operational decision, which takes into consideration the resources available in ED and community (which may vary as per time of day), safety of staff and patients, acuity of the ED at a given time and what is in the best interest for the safety of the at-risk client
  - A chart should be started to document the interventions. This chart may be initiated even if the patient does not see a physician.
- Mature minors

- There isn't a minimum age, as a minor may be determined to be a Mature Minor and provide informed consent. They could be prescribed a kit if they use opioids, are at risk of overdose, and have the ability to fully comprehend the information provided. The professional authorized to prescribe and dispense the kits should use the assessment tool to decide if the patient is a Mature Minor and decide whether or not to prescribe and dispense the kit.
- [Mature Minor Assessment for Take Home Naloxone Kit Prescribing and Dispensing Algorithm](#)

#### Access to Kits

- If the person is using opioids or plans to use opioids they may obtain a kit from one of the locations listed under Get Naloxone, on the Alberta Health Services [www.drugsfool.ca](http://www.drugsfool.ca) website.
- As of February 17, 2016, pharmacies were provided access to THN kits. This option may be utilized in some cases, dependent of the needs of the patient. It is the responsibility of the prescriber to ensure that the patient receives training prior to obtaining a kit.
- As of March 22, 2016, Health Canada has changed the designation of Naloxone to be available over the counter. It is up to each province as to how and when they may enact legislation to accommodate this change. For now, in Alberta, it is status quo.

#### Patient Education

- Teaching and documentation can be accomplished in approximately 10 minutes.
- There is a video on [www.drugsfool.ca](http://www.drugsfool.ca) that can be utilized to help reduce the amount of time associated with teaching.
- Family and friends of those at risk of opioid overdose should be encouraged to attend overdose response training with the patient.
- Trainers must be health care professionals including physicians, Registered Nurses, Nurse Practitioners, Registered Psychiatric Nurses, Social Workers, Licensed Practical Nurses or pharmacy staff (e.g. counsellor, LPN, RN, RPN, NP, physician) and should have completed the eLearning module via My Learning link (AHS employees) or <http://cdm.absorbtraining.ca/#/login> (for non-AHS employees).
- A “certificate of completion” provided to the patient once they have completed their training is a helpful resource for patients returning for a kit refill as it can serve as confirmation that training has been completed in the past year and does not need to be repeated.

- All THN programs in Canada provide 25 gauge needles in their kits.
- Naloxone can be administered SC, IM or IV and the onset of action is only slightly less rapid when administered SC or IM versus IV. Naloxone administered IM actually produces a more prolonged effect than if administered IV. This information is available in the naloxone monograph which is posted on the AHS website.

## Scenarios:

### Scenario #1: Patient Presentation to ED Requesting THN kit

**23 year old male presents to the triage desk in the ED. Patient has no presenting complaint and states he does not need to see a doctor. He heard that the ED has Naloxone kits and was asking to have a kit only.**

Suggested practice:

**Option A:** Registered distribution site with RN/RPN prescribers

A Registered Nurse (RN) or Registered Psychiatric Nurse (RPN) that has completed the Terms and Conditions outlined by CARNA/CRPNA to prescribe (as per the temporary ministerial order), can prescribe a Take Home Naloxone (THN) kit and follow all steps required to prescribe and dispense.

- [Decision Support Tool for Prescribing Take Home Naloxone Kit](#)
- [Decision Support Tool for Prescribing and Dispensing Flow sheet](#)
- [Prescribing and Administering Take Home Naloxone Kit Flow sheet](#)
- [THN Client Knowledge Checklist](#)
- [Naloxone Kit Dispensing Record](#)

**Option B:** Registered THN distribution site: Physician and NP prescribers

- A physician or Nurse Practitioner can prescribe the THN kit – written order on chart
- Patient training will be provided by a health care professional (e.g. counsellor, LPN, RN, RPN, NP, physician) that has completed the eLearning module/reviewed the Presentation for Trainers
- [THN Client Knowledge Checklist](#)

- The RN/RPN can dispense the kit when the RN/RPN has confirmed with the patient that teaching has been completed and the patient understands the information. There may be situations where the RN/RPN has to use their own discretion in dispensing the THN kit if the patient does not demonstrate a complete understanding of the training, however family/friends that are present during the training do meet the criteria on the client knowledge checklist.
- Corresponding paperwork completed. Documentation of process in Patient Care Record.
  - [Naloxone Kit Dispensing Record](#)

If there is no one in the ED available to prescribe a THN kit, the patient can wait until a prescriber arrives/becomes available, or can be re-directed to another location where the kits are available. Each site needs to be aware of where these community resources are.

- [Get Naloxone](#)

**Option C:** Sites not-yet registered as a THN distribution site:

- A physician or Nurse Practitioner can write a prescription for the THN kit.
- Patient training will be provided by a health care professional (e.g. counsellor, LPN, RN, RPN, NP, physician) that has completed the eLearning module/reviewed the Presentation for Trainers
  - [THN Client Knowledge Checklist](#)
- Patient will be directed to appropriate location where they will be able to obtain a THN kit (pharmacy or other community resource). Ensure the community location has kits in stock.  
Note: Each site should be aware of where kits are located in community
  - [Get Naloxone](#)
- As of February 17, 2016, pharmacies were provided access to THN kits. This option may be utilized in some cases, dependent of the needs of the patient. It is the responsibility of the prescriber to ensure that the patient receives training prior to obtaining a kit.
- As of March 22, 2016, Health Canada has changed the designation of Naloxone to be available over the counter. It is up to each province as to how and when they may enact legislation to accommodate this change. For now, in Alberta, it is status quo.



## Scenario #2: Patient Presenting with Ingestion/Overdose

**A 27 year old male is brought to the ED with report that he has ingested fentanyl. His friends are concerned because he keeps “nodding out”. Soon after arrival, he becomes unresponsive and his breathing is noted to be slow, and he is cold and clammy.**

Suggested practice:

**Option A:** Registered THN distribution site: Physician/NP prescribers available

- The patient will be treated as per normal ED protocol. Naloxone will be ordered by physician/NP and administered using ward stock.
- If patient being discharged from the ED, a prescriber will determine patient eligibility and follow appropriate steps for dispensing THN kit. Try to include any friends and family in the teaching as they are the ones that will need to know how to use the kit if the client overdoses again.
  - [Naloxone Kit Dispensing Record](#)
  - [THN Client Knowledge Checklist](#)

**Option B:** RN/RPN Prescriber

- If physician/NP not available to provide order for naloxone administration, an RN/RPN authorized to prescribe THN (as per CARNA/CRPNA Terms and Conditions) can administer naloxone using a THN kit as per the flow sheet below:
  - [Prescribing and Administering Take Home Naloxone Kit Flow sheet](#)
- If patient being discharged from the ED, a prescriber will determine patient eligibility and follow appropriate steps for dispensing THN kit. Try to include any friends and family in the teaching as they are the ones that will need to know how to use the kit if the client overdoses again.
  - [THN Client Knowledge Checklist](#)
  - [Naloxone Kit Dispensing Record](#)

### **Scenario #3: Mature Minor Presenting to ED Requesting THN Kit**

**A 16 year old female presents to the ED with a history of drug use. She admits to using Fentanyl on a regular basis and would like a THN kit.**

Suggested practice:

- The Emergency physician/NP/RN/RPN prescriber determines eligibility/patient capacity and prescribes THN kit (same as for an adult, as described in Scenario 1).
  - [Mature Minor Assessment for Take Home Naloxone Kit Prescribing and Dispensing Algorithm](#)
- Corresponding paperwork completed. Documentation of process in Patient Care Record.
  - [Naloxone Kit Dispensing Record](#)

### **Scenario #4: Partner Requesting a THN Kit**

**A 21 year old female has presented and been treated in your ED for an injury obtained when she fell. She admits to be having consumed alcohol and fentanyl prior to the incident. After management of the injury in the ED, the patient is identified by health care staff as being at risk for opioid overdose. She has no interest in acquiring a THN kit and states “I’ll be fine”. The patient’s partner has accompanied her to the ED. The partner is very concerned, and asks if he can get a THN kit so that he can administer in case the patient were to overdose the next time.**

Suggested practice:

- Third party prescribing is prohibited. A THN kit can’t be prescribed to the partner, only the patient. This unfortunately leaves the health care professional and patient’s loved ones in a very difficult situation. The partner can be encouraged to continue discussing this with the patient. Provide the patient/partner with information about community resources or referrals to addiction and mental health services. This varies in each community, examples being methadone clinics, detox, treatment facilities, support groups for family members. Information

on “Addiction and Mental Health Contacts” and where to “Get Naloxone” are on [Health Link](#).