

Frequently Asked Questions (FAQs) for Nursing Professionals Prevention and Treatment of Opioid-Related Overdoses

These FAQs are intended for nursing professionals governed by the Nursing Care Quality Assurance Commission. They convey general information only and do not constitute legal advice. Contact your attorney to obtain advice with respect to any particular issue or problem.

Question

What is an opioid antagonist?

Answer

Opioid antagonists reverse the effects of an opioid overdose. [Naloxone](#) (Narcan[®]) is the current standard of treatment for opioid overdose. The Food and Drug Administration (FDA) approves administration by intravenous, intramuscular, or subcutaneous routes. The FDA recently approved a hand-held auto-injector ([Evzio](#)[®]) for intramuscular or subcutaneous injection. It is a legend drug, but not a controlled substance. Naloxone has not been shown to produce tolerance or cause physical or psychological pain. It will produce withdrawal symptoms. Severity and duration of the withdrawal relate to the dose of naloxone and the degree and type of opioid dependency.

Question

Naloxone is not approved by the FDA for intranasal administration (off-label use). Can an ARNP prescribe intranasal naloxone? Can nurses administer off-label drugs?

Answer

ARNPs may prescribe off-label medications and nurses may administer these medications. Off-label (lacking approval by the FDA) use of intranasal naloxone is not uncommon because of ease of administration, storage, avoidance of needles, and literature supporting using of intranasal naloxone. Off-label delivery methods may be legally prescribed by ARNPs and may be dispensed, distributed or administered by ARNPs, RNs, and LPNs. Clinicians are expected to use their professional judgment as to the use and administration of the drug if not described in the approved labeling. The Center for Drug Evaluation and Research and the FDA support this practice. Off-label use should be done with careful insight and understanding of the risks and benefits to the patient considering high-quality evidence supporting efficacy, effectiveness, and safety. More information about off-label use may be found at the [Therapeutic Intranasal Drug Delivery](#) website. In July 2015, The FDA has granted fast track designation to an intranasal naloxone investigational new drug application.

Question

I am an advanced registered nurse practitioner (ARNP). A law enforcement agency asked me if I would prescribe naloxone for their staff to have available as stock inventory in the event of a suspected opioid-related overdose. Is this within my scope of practice?

Answer

July 24, 2015, [Engrossed Substitute House Bill 1671](#) expanded access of opioid antagonists to law enforcement officers. The new law allows ARNPs, local public health officers, emergency medical services program directors, and other licensed health practitioners to prescribe, dispense, and distribute opioid overdose medications to any person or entity who may be present at an overdose. This includes a law enforcement agency.

Question

Can an ARNP have a collaborative drug therapy agreement (CDTA) with a pharmacist to prescribe, dispense, and distribute, opioid overdose medication?

Answer

The new law allows the ARNP to have a CDTA with a pharmacist to prescribe, dispense, and distribute opioid overdose medications to anyone who requests it.

Question

Are ARNPs required to prescribe naloxone for an opioid dependent person or require nurses to carry naloxone?

Answer

The law does not require health care providers to prescribe a naloxone for an opioid dependent person or nurses to carry naloxone.

Question

Can an ARNP prescribe naloxone to a third party, such as a family member, friend, or caregiver?

Answer

An ARNP with prescriptive authority may prescribe naloxone to a third party.

Question

I am an ARNP writing a prescription for a family member of someone who might need naloxone. Do I write the prescription for the person who requests it or for the family member?

Answer

The prescription must be written for the individual who requests it.

Question

I am an RN is working in the community with a high-risk population for opioid overdoses. Can I carry naloxone for emergent administration for a suspected overdose and can I administer naloxone even though I do not know the person?

Answer

RNs and LPNs may carry and administer naloxone for emergency use for suspected opioid overdose. This includes administering to an unknown individual. RNs and LPNs may dispense naloxone for a high-risk person, their family members, or friends following standing orders from an authorized practitioner (licensed physician and surgeon, dentist, osteopathic physician and surgeon, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, or advanced registered nurse practitioner, or as directed by a licensed midwife within his or her scope of practice). Additional clinical interventions may also be included in the standing orders.

Question

Can school nurse carry and administer naloxone in a school setting to a student?

Answer

The law states that RNs or LPNs may administer naloxone to a student with a prescription. RNs and LPNs may possess, store, deliver, distribute, or administer the medication to any person in any setting following a standing order. RNs and LPNs may also have a prescription in their own name to self-carry and may administer to anyone who may be experiencing an opioid overdose. The school or school district should establish policies and procedures for the management of opioid related overdoses in the school setting as part of the school emergency response plan.

Question

I am a nurse working in addiction treatment setting. Can I administer naloxone to a patient without a patient-specific order when I am at work?

Answer

A nurse may administer naloxone following standing orders or a patient-specific order.

Question

Can a licensed RN or LPN get a prescription to carry and administer opioid overdose medications in a non-work setting?

Answer

A RN or LPN may have a prescription for naloxone in the nurse's name for use in the non-work setting. Nurses may carry and administer naloxone for emergency use for an individual suspected opioid overdose whether the person is family member, friend, or a stranger. They may get a prescription from their primary care provider or a pharmacist with a CDTA.

Question

Does the law require a nurse to have a specific training or special certification to prescribe, dispense, and administer opioid overdose medications?

Answer

Just as in all care a nurse provides, the nurse must have the training, knowledge, skill, and ability to perform the activity competently. An employer or institution may require a specific training or certification. The StopOverdose.org and COSE provide training information for nurses and other health care professionals. The British Columbia Centre for Disease Control [nursing competencies](#), [decision support tool](#), and [training manual](#) are excellent resources.

Question

Where can I get information about developing and implementing a community opioid safety and overdose prevention program?

Answer

The StopOverdose.org provides many resources about prevention activities made available by the University of Washington Alcohol and Drug Abuse Institute funded by the Washington State Division of Behavioral Health and Recovery. The [Center for Opioid Safety Education \(COSE\)](http://Center for Opioid Safety Education (COSE)) offers education and technical assistance for individual and communities in Washington State who want to learn how to prevent and intervene in opioid addiction and overdose.

Resources

- British Columbia Centre for Disease Control:
- [Dispensing Naloxone Kits to Clients at Risk of Opioid Overdose: Nursing Competencies-British Columbia Centre for Disease Control](#)
- [Decision Support Tool](#)
- [Training Manual: Overdose Prevention and Response](#)
- Stopoverdose.org
- [Community Management of Opioid Overdose - World Health Organization \(2014\)](#)
- [Opioid Overdose Toolkit - Substance Abuse and Mental Health Services Administration \(2013\)](#)
- [U.S. Department of Veterans Affairs - Veterans Health Administration Opioid Safety Initiative Toolkit](#)
- [Indian Health Services and U.S. Department of Justice Law Enforcement Naloxone Toolkit \(2014\)](#)
- [American Academy of Pain Medicine](#)
- [Search and Rescue Washington](#)