



STANDING ORDER TO DISPENSE AND ADMINISTER NALOXONE

Date: _____

Program Name: _____ Site: _____

Name of Trained Overdose Responder to Receive Naloxone: _____

Date Completed Drug Overdose Prevention Training: _____

Verification by Program Director of Completion of Drug Overdose Prevention Training

Program Director's Printed Name

Program Director's Signature

Date

Prescriber to Verify that Overdose Responder has information on the indications for and Administration of Naloxone

- Prevention of and Risks for Drug Overdose
- Recognition of Drug Overdose
- Rescue Breathing and Resuscitation
- Call for Help
- Naloxone Administration
- No Response: Repeat in 2 - 5 Minutes
- Follow-up: Provide Support to Recipient

Standing Order

- | | | |
|---------------------|---|------------------------|
| Dispensed Naloxone: | <input type="checkbox"/> 4mg. - 1 Prefilled Nasal Spray | Expiration Date: _____ |
| Dispensed Naloxone: | <input type="checkbox"/> 2mg/2ml. - 2 Prefilled Syringes | Expiration Date: _____ |
| Dispensed Naloxone: | <input type="checkbox"/> 0.4 mg/ml. - 1 Vial and 2 Syringes | Expiration Date: _____ |

May Repeat RX Four (4) Additional Times

Dispense Date: _____ Expiration Date: _____

Dispense Date: _____ Expiration Date: _____

Dispense Date: _____ Expiration Date: _____

Dispense Date: _____ Expiration Date: _____

Prescriber's Signature

Date

Printed Name and Credential