



# 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