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PATIENT INFORMATION

Height _____ cm Weight _____ kg

Allergies _____

Emergency Department (ED) Opioid Overdose Management Order Set

		M	K	O
Orders Processed Date (dd/mm/yyyy) _____ Time (hhmm)	☐ Consult Dr: _____ Notified at: _____ (consider PCU/ICU for Methadone or other long acting opioid preparations because of need for prolonged monitoring) ☐ Patient is on Form 1 and Form 42, for psych consult when discharge criteria are met ☒ Continuous Cardiorespiratory Monitor ☒ HR, BP, RR, SpO_2 q1h x 3 hours, then q2h x 4 hours ☒ Lab Investigations as per **Emergency Department Drug Screen; Possible Overdose** directive ☒ ECG ☒ Establish IV line and run _____ at _____ mL/h			
By _____ Status _____ Processing Reviewed by _____	**Opiate Antagonist Administration** **If respiratory rate 8 breaths per minute or less and/or decreased level of consciousness after repeated naloxone IV bolus doses** **Naloxone IV Infusion** ☒ Calculate the cumulative effective dose of naloxone bolus (as per previous MD orders) given to patient to achieve desirable clinical response = _____ mg ☒ naloxone ____ mg IV bolus x1 prior to infusion (equivalent to cumulative effective dose) ☒ naloxone (0.1 mg/mL) (10 mg/100 mL sodium chloride 0.9%) IV infusion at ____ mg/h (2/3 of the cumulative effective dose) ☒ Titrate rate to minimum dose to achieve RR above 10 breaths per minute and easy to rouse			
Status _____ Faxed by _____	**Tapering Opiate Antagonist Infusion** ☒ After __ hours decrease naloxone infusion by 50% q2h keeping RR greater than 10 BPM ☒ Monitor for recurrence of depressed respirations or decreased level of consciousness ☒ **IF** respiratory depression or decreased level of consciousness recurs, **THEN**: ☒ Give naloxone ____ mg IV bolus x1 (equivalent to cumulative effective dose) **AND** ☒ Increase (or restart infusion) at most recent rate which maintained RR above 10 BPM			
	Discharge Criteria (not for long acting Opioids with ICU/PCU consult) ☐ Discharge patient if asymptomatic for 4 hours after last dose of naloxone, vital signs and GCS are within normal limits for the patient, and the patient is able to mobilize ☒ Offer the patient referral to Detox services and complete **Naloxone Nasal Spray Kit – Opioid Overdose Prevention Order Set** ☐ Refer to RAAM (Rapid Access to Addictions Medicine) Clinic ☒ Advise not take methadone, alcohol, or sedating drugs for 24 hours and to contact own methadone prescriber ASAP ☒ Recommend discharge with family/friend and to call 911 if decreased consciousness or breathing			

☐ Telephone Order _____ (Ordering Practitioner, Designation) _____ (Signature) _____ (Date/Time (dd/mm/yyyy hhmm))

If Telephone Order _____ (Ordering Physician) _____ (Date (dd/mm/yyyy)) _____ (Time (hhmm)) ☐ Read Back