Recent statistics continue to show a rise in deaths and emergency care visits related to fentanyl and other opioid overdoses in Alberta. This FACT Sheet describes the Licensed Practical Nurse’s (LPN) role in protecting the public by providing education and interventions to prevent and counteract opioid overdoses.

Making Naloxone Available to At Risk Albertans
Naloxone is the primary drug used in Alberta to reverse the effects of opioid overdose. Take-Home Naloxone Kits are provided by Alberta Health for distribution across Alberta.

In order to make Naloxone more available to those at risk of an overdose, the provincial government has worked to unschedule Naloxone in over 900 community settings across Alberta.

As an unscheduled drug in certain community settings, Take-Home Naloxone Kits can be distributed directly to clients by community agencies, allowing clients who have been assessed as at risk of an overdose to be given a Kit for use in the event of an overdose.

Take-Home Naloxone Kits are funded by Alberta Health for distribution across Alberta. A map of locations where Naloxone has been unscheduled is available at Alberta Health Services Take Home Naloxone Walk-in Clinics and Pharmacies. In these locations only, LPNs may distribute the Take-Home Naloxone Kits provided by Alberta Health to clients as long as they have appropriate training and employer support. An important part of the LPNs role in distributing Take-Home Naloxone Kits will be to provide client education around the indications and instructions for Kit use.

Dispensing Take-Home Naloxone Kits in hospital settings presently falls outside of LPN scope of practice. In hospital settings Naloxone remains a Schedule 2 drug, meaning it must be dispensed before it is provided to a client. As LPNs do not presently have the regulatory authority to dispense drugs, they are not permitted to dispense Naloxone kits to clients in hospital settings.

Across all care settings LPNs may be asked to
- educate clients about Naloxone use, indications and availability; and
- administer Naloxone to clients under a client-specific physician order or medical protocol.

To support the principle of harm reduction the LPN role may also include providing clients with education and guidance in safe injection practices, assessing client’s other health/socioeconomic needs and providing support and direction to services as appropriate.

Regardless of the care setting all nursing interventions related to client care should be documented following CLPNA standards and agency policy.

Administering Take-Home Naloxone Kits
In these kits, Naloxone is administered through intramuscular injection to the upper thigh. Its onset of action is 2 to 5 minutes following the injection, and its effect is expected to last 30 to 60 minutes. In reversing the effect of the opioid in the client’s system, Naloxone may cause withdrawal leading to agitation and anger.1
Hypersensitivity to Naloxone is the only known contraindication for the drug, and occurs only in very rare cases. It has no potential for misuse as it does not get a person intoxicated, stoned or high. It will also have no effect if a person has not taken opioids.

Alberta Health Services offers online Naloxone training for both employees and non-employees. LPNs should check with their employer to see what additional training may be required before distributing Take-Home Naloxone Kits in community settings, or administering Naloxone in the event of an overdose.

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1 Alberta Health Services Take Home Naloxone Training.
2 https://www.drugs.com/sfx/naloxone-side-effects.html
3 Alberta Health Services Take Home Naloxone Training from the Health Care Learning Portal.
PUBLISHED SUPPORTIVE DOCUMENTS

This FACT SHEET is linked to other resources for LPNs:

Alberta Health’s Take-Home Naloxone Program

Client Education Resources

Naloxone (Narcan®) Drug Information

Take Home Naloxone Health Professional’s Education Program & Training Resources

Q&A for Healthcare Professional’s on the Unscheduling of Naloxone

Office of Accountability Policy Department
Office of Administrative Practice Department
Responsibility
Scope and Applicability This Fact Sheet extends to all LPNs.
Publication Date April 25, 2017
Approval Date April 25, 2017
Revision Date
Approver Chief Executive Officer
Sponsor Chief Executive Officer

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