



INFO SHEET

NALOXONE AND THE ROLE OF THE LICENSED PRACTICAL NURSE IN ALBERTA

The legislative mandate of the College of Licensed Practical Nurses of Alberta (CLPNA) is to serve and protect the public by ensuring its members deliver safe, competent, and ethical nursing care. An Info Sheet informs registrants on relevant nursing topics or the CLPNA's processes.

INTRODUCTION Statistics continue to show a rise in deaths and emergency care visits related to fentanyl and other opioid overdoses in Alberta.¹ This Info Sheet describes the Licensed Practical Nurses' (LPN) role in providing education and interventions to prevent and counteract opioid overdoses.

RELEVANT INFORMATION LPNs have an important role in helping Albertans understand and respond to opioid overdoses with the administration of naloxone.

Signs, Symptoms, and Training

LPNs are encouraged to stay up to date with the signs and symptoms associated with opioid overdose, how to educate others about opioid overdoses, and how to administer naloxone.

Common signs and symptoms of an opioid overdose include:

- decreased level of consciousness;
- irregular, slow, or absent breathing (respiratory distress);
- skin or nail discolouration (cyanosis);
- cold or clammy to touch (diaphoretic);
- choking, snoring, or gurgling noises (agonal breathing);
- nausea or vomiting;
- seizure-like movements (tonic-clonic); and
- pinpoint or tiny pupils (miosis)

Alberta Health Services (AHS) provides free online training for health professionals to help guide interactions with those who use opioids, to recognize the signs and symptoms of an opioid overdose, and how to properly administer Naloxone to someone experiencing an opioid overdose. This training is

available at the [Community Based Naloxone Program](#) webpage.

Naloxone Availability to At Risk Albertans

Naloxone is the life-saving drug used to reverse the effects of an opioid overdose. In Alberta, naloxone kits are provided by Alberta Health for distribution to the public.

Publicly funded naloxone kits are available on request and distributed directly to at-risk individuals and other members of the public for use in the event of an opioid overdose.

An important part of the LPNs role in distributing naloxone kits is to provide patient education around the indications and instructions for use. AHS provides location information where naloxone kits are available at the [Get Naloxone](#) webpage.

Distribution of Naloxone Kits

LPNs may distribute naloxone kits to patients and provide instructions for use if supported by the employer and the LPN has the appropriate training.

Best Practices in Distributing Naloxone Kits

LPNs should offer education to anyone picking up a naloxone kit including:

- how to assess for signs of overdose;
- the importance of calling 911;
- how to perform rescue breathing;
- how to draw up the naloxone;
- the dosing of naloxone;
- how to administer an intramuscular injection; and
- how to assess the response of the patient to determine the need for additional doses prior



to the arrival of Emergency Medical Services (EMS).

Additionally, across all care settings LPNs may be asked to:

- educate patients about naloxone use, indications, and availability; and
- administer naloxone to patients under a patient-specific physician order or medical protocol.

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

Regardless of the care setting, all nursing interventions related to patient care should be documented following the CLPNA policy on Documentation and employer requirements.

Administering Naloxone

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 patient's system, naloxone may cause withdrawal leading to agitation and anger.²

Hypersensitivity to naloxone is the only known contraindication for the drug and occurs in very rare cases.³ It has no potential for misuse as it does not get a person intoxicated, stoned, or high. It also has no effect if a person has not taken opioids.⁴

LPNs should check with their employer to see what additional training may be required before distributing naloxone kits or administering Naloxone in the event of an overdose.

CONCLUSION If after reading this document you have questions about the LPN's role in naloxone distribution or administration, please contact the CLPNA's Professional Practice Team using Ask CLPNA, or by phone at 780-484- 8886 or 1-800-661-5877 (toll free in Alberta).



REFERENCES

¹ Government of Alberta, "Substance Use Surveillance Data," Alberta.ca, accessed March 15, 2021, <https://www.alberta.ca/substance-use-surveillance-data.aspx>.

² "Naloxone Side Effects: Common, Severe, Long Term." Drugs.com. Accessed March 15, 2021. <https://www.drugs.com/sfx/naloxone-side-effects.html>.

³ Ibid.

⁴ Alberta Health Services. Take Home Naloxone Program FAQ for Clients. Accessed March 15, 2021. <https://www.albertahealthservices.ca/assets/healthinfo/mh/hi-amh-thn-faq-clients.pdf>.

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