

Oakland County

Medications

MFR/BLS NALOXONE KIT CONTENTS AND EXCHANGE PROCEDURE

Date: June, 2018

Section 9.9.1

MFR/BLS Naloxone Kit Contents and Exchange Procedure

The medical control hospital pharmacy will stock the MFR/BLS naloxone kits in accordance with the MFR/BLS naloxone kit contents list.

1. Each life support agency (LSA) will be responsible for obtaining intranasal Naloxone or NARCAN® NASAL SPRAY from the medical control hospital.
2. Each participating hospital of the OCMCA will acquire Intranasal Naloxone or NARCAN® NASAL SPRAY for life support agencies. The hospital will determine a reasonable and customary re-stocking fee to charge the LSA.
3. The medical control hospital will dispose of expired intranasal Naloxone or NARCAN® NASAL SPRAY at no additional cost.
4. The life support agency shall notify the medical control hospital pharmacy 30 days prior to expiration date of the medication.
5. The intranasal Naloxone kit or NARCAN® NASAL SPRAY is to be inspected daily, by the crew of the unit, for evidence of loss, theft, discrepancy and expiration. It is recommended that this inspection be included in a standard documented vehicle check.

MFR/BLS Naloxone Kit Contents List (choose one kit)

Medication / Item	Concentration	Packaging	Quantity
Naloxone (Narcan)	0.4 mg/1 ml	0.4 mg vial (1ml) or 1 mg vial (1ml)	2
Luer lock syringe		3 ml	2
Blunt vial access cannula			2
Intranasal Mucosal Atomization Device			2
Replacement Form / Discrepancy Form			1

Or

Medication / Item	Concentration	Packaging	Quantity
Naloxone (Narcan)	2 mg/2 mL	2mg/2mL Prefilled Syringe	1
Intranasal Mucosal Atomization Device			2

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Replacement Form / Discrepancy Form			1
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Or

Medication / Item	Concentration	Packaging	Quantity
NARCAN® NASAL SPRAY	2 mg/.1 mL	2 mg	1
Replacement Form / Discrepancy Form			1

Procedure:

- A. The medications placed in the kits shall be consistent throughout the stock of MFR/BLS naloxone kits as to dosages and concentrations prescribed by the MFR/BLS naloxone kit list.
- B. Labels shall be placed over the seal of the naloxone kits, and the label shall include:
 - 1. Naloxone or Narcan® Nasal Spray kit listed on sticker. Use hospital-produced sticker or the drug box yellow sticker.
 - 2. The name of the hospital pharmacy that last restocked the naloxone or Narcan® Nasal Spray kit.
 - 3. The date the kit was last restocked.
 - 4. The legible initials of the pharmacist who inventoried and stocked the naloxone or Narcan® Nasal Spray kit.
 - 5. The earliest date at which the medication would expire.
- C. The sealed naloxone or Narcan® Nasal Spray kits will be placed in a locked storage area in the participating hospital ED or location designated by the participating hospital pharmacy. Only staff designated by the participating pharmacy will have access to the kits. A permanent record shall be maintained indicating the number on the kit, the name of the MFR/BLS Service for which the kit was issued and the name of the pharmacy designated staff or pharmacist receiving or dispensing the kit.
- D. Each MCA MFR/BLS Service will stock each of its MFR/BLS units with a MFR/BLS Naloxone or Narcan® Nasal Spray kit. The kit must be stored in a temperature-controlled environment. In addition, each service will stock sufficient additional MFR/BLS Naloxone or Narcan® Nasal Spray kits to restock anticipated usage for a minimum of 24 hours. MFR/BLS Unit Naloxone or Narcan® Nasal Spray kits, which are used, will be replaced by those in stock at the MFR/BLS Service station. Used kits will be exchanged for new kits, when convenient at the medical control hospital designated to provide kit exchanges for the MFR/BLS Service.
- E. The EMS patient care record (PCR) shall serve as a permanent medical record of physician orders for medications administered.

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- F. When medications from the kit are used or whenever the pharmacy seal on the kit is broken, the MFR/BLS provider will place a copy of the MCA MFR/BLS Naloxone kit Replacement Form, including patient name, in the MFR/BLS Naloxone kit. Any unused medication or unused equipment will be left in the Naloxone kit with the Replacement Form.
- G. The used kit will be exchanged for a pharmacy-sealed kit at the medical control hospital or the MFR/BLS Service station. Once sealed by the pharmacist, the exchanged kit will not be opened by the MFR/BLS personnel prior to necessity for use.
- H. Any discrepancies in the MFR/BLS naloxone kit will be documented on the MFR/BLS Medication Discrepancy Form. If a discrepancy is discovered by the MFR/BLS personnel at the time of use, the report form shall be co-signed by another EMS crew member. Hospital pharmacists who note discrepancies in the naloxone kit inventory, which cannot be accounted for by the MFR/BLS Naloxone kit Replacement Form, shall initiate and sign the discrepancy report. Copies of the discrepancy reports along with copies of the EMS run report are sent to the MCA and the MFR/BLS Service responsible for evaluation and follow up and will retain the records for one year. The original is retained by the hospital pharmacy. Medications that are contaminated, lost through spillage or partially used must be accounted for on the EMS patient care record by MFR/BLS personnel and co-signed by another crewmember.
- I. Locked and secure compartments or other locking devices approved by the Department shall be provided on the EMS vehicle and utilized to prevent access to stored medications by unauthorized persons. Additional MFR/BLS Naloxone or Narcan® Nasal Spray kits, which are stored at the MFR/BLS Service Station must also be locked using compartments or devices approved by the department.

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MFR/BLS Naloxone Kit Replacement Form

AGENCY/UNIT _____ DATE _____ INCIDENT # _____

EMS CREW (NAMES) _____

Medication	Unit/Size	Quantity	Used
Naloxone (Narcan)	0.4 mg/mL vial or 1 mg/mL vial	2 vials	
Luer lock syringe	3 mL	2	
Blunt vial access Cannula		2	
Intranasal Mucosal Atomization Device		2	
Replacement Form		1	

or

Medication / Item	Concentration	Quantity	Used
Naloxone (Narcan)	2mg/2mL	1 prefilled syringe	
Replacement Form / Discrepancy Form		1	

or

Medication / Item	Concentration	Quantity	Used
NARCAN® NASAL SPRAY	2 mg/.1 mL	1 package	
Replacement Form / Discrepancy Form		1	

Patient Name: _____ Restocking Hospital: _____

MFR/BLS Statement

MFR/BLS Naloxone kit Number _____ has been opened and the above noted medication(s) used as prescribed. This kit has been sealed with a Used Kit sticker.

Use this table to document medication that has been opened and not used or opened and wasted.

Medication	Unit/Size	Quantity	Not Used/Wasted

EMS Provider Signature: _____ Date: _____

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OCMCA MFR/BLS Naloxone Kit Incident/Discrepancy Form

If there is any discrepancy with the contents of this naloxone kit, this form **MUST** be filled out by the person(s) who discover the discrepancy. The Life Support Agency shall maintain a copy of this for their records as well as send a copy to the OCMCA, the original shall be placed with the naloxone kit and the pharmacy must send the form and any supporting documentation to **THE PARTICIPATING MEDICAL CONTROL AUTHORITY WHERE THE INCIDENT/DISCREPANCY OCCURRED.**

EMS Agency or Hospital Name:		Date Discovered:	
Reporting Individual(s) Name(s):			
Witness to Discrepancy:			
TYPE	Kit #		
<input type="checkbox"/> MFR/BLS Naloxone kit			
RESTOCKING INFORMATION		RECEIVING INFORMATION	
Date Last Restocked:		Receiving Hospital:	
Restocking Hospital:		Receiving Pharmacist:	
Phone #		Phone #	
PLEASE INDICATE THE NATURE OF THE ISSUE			
<input type="checkbox"/> DAMAGED MEDICATION CONTAINER			
<input type="checkbox"/> MISSING MEDICATION(S)			
<input type="checkbox"/> STOCKING ISSUE (MED/SUPPLY)			
MEDICATION	DESCRIPTION STRENGTH/SIZE/VOLUME	QUANTITY # OF VIALS/AMPS	DISCREPANCY MISSING/BROKEN
<input type="checkbox"/> Naloxone			
<input type="checkbox"/> NARCAN NASAL SPRAY			
EMS RUN INFORMATION			
EMS AGENCY	UNIT #	RUN #	MCA
ADDITIONAL INFORMATION REGARDING MEDICATION BOX/PACK INCIDENT/DISCREPANCY			

This document should be faxed to the appropriate MCA: **Oakland** 248-975-9723