

Modifications of Scope Related to Naloxone

Fact Sheet

What is naloxone?

Naloxone is a medication that blocks or reverses the effects of opioids and is used to treat overdose in an emergency situation. It has no negative effects if given to an individual who has not taken opioids (Ontario Pharmacists Association, 2017). There are currently two available forms of naloxone. The Schedule II formulation is kept behind the counter in pharmacies and is available upon request from a pharmacist. The Schedule I formulation is significantly less costly than the Schedule II formulation; however, it can only be accessed with a prescription from a nurse practitioner or a physician.

The *Licensed Practical Nurses Act* and the *Registered Nurses Act* define scope of practice to mean the roles, functions and accountabilities which licensed practical nurses (LPNs) and registered nurses (RNs) are educated and authorized to perform. Client assessment and administration of medication is within the legislated scope of practice for both LPNs and RNs. Scope of practice is further defined by standards of practice and competencies developed specifically for [LPNs](#) and [RNs](#).

Previously, LPNs and RNs administered naloxone for opioid overdose management in a wide variety of inpatient and community-based settings but required a prescription/order or a care directive.

Effective January 16, 2018, the *Licensed Practical Nurses Act* and the *Registered Nurses Act* have been amended to authorize LPNs and RNs to:

- Administer naloxone as a life-saving measure under their own authority; and,
- Provide take-home naloxone kits under their own authority.

What does “under my own authority” mean?

This means you can autonomously or independently administer naloxone or provide a take-home kit to clients based on your own client assessment. You will no longer require a prescription, order or care directive; however, you must follow your employer policies as this only applies in the work place.

What do I need to be able to administer naloxone under my own authority?

To meet your standards of practice, you must possess the knowledge, skill and ability (competence) to recognize potential overdose situations when autonomously or independently providing naloxone as a life-saving measure. In addition, you must possess the competence to assess and determine when an at-risk client would benefit from receiving take-home naloxone and be able to educate clients and their significant others regarding the appropriate use of naloxone.

Do I need to complete additional education to provide naloxone?

Administration or provision of naloxone is currently within the LPN and RN scopes of practice and most nurses already possess the competence to do this. However, with the legislation change, you now possess the authority to provide this medication based on your own assessment of the client. You should work with your employer if you feel you need additional education or support in recognizing an overdose situation or administering naloxone. There are several online resources available that may be helpful. Check the College of Licensed Practical Nurses of Nova Scotia ([CLPNNS](#)) or the College of Registered Nurses of Nova Scotia ([CRNNS](#)) websites for suggested resources.

What should my employer provide to support this practice?

Employers should develop and implement policies and processes to support LPNs and RNs to provide naloxone for either indication under their own authority. You are accountable to advocate for development of these policies and to follow them when providing naloxone.

We encourage you to reach out to CLPNNS or CRNNS with any additional questions or comments you may have. Please email practiceconsultant@clpnns.ca or practice@crnns.ca for additional information.

