



STANDING ORDER FOR BALTIMORE CITY PHARMACISTS

Name: _____

DOB: _____ Date: _____

Pharmacist may dispense any of the following formulations

Check formulation dispensed

Refill = PRN

- Intranasal:** Naloxone (2 mg/2mL) single dose Luer-Lock prefilled syringe. **Qty=2 syringes**
Dispense with intranasal mucosal atomizer device.
Directions: spray one-half of syringe (1ml) into each nostril upon signs of opioid overdose.
May repeat $\times 1$, if no response after 3 minutes.

- Intramuscular:** Naloxone 0.4mg/ml single dose vial and 3cc, 23g or 25g, 1 inch syringes. **Qty=2 vials**
Directions: Inject 1mL in shoulder or thigh. May repeat $\times 1$, if no response after 3 minutes.

- Auto-injector:** Evzio auto-injectors (Naloxone 0.4 mg) **Two pack kit**
Directions: Use as instructed by device. May repeat $\times 1$, if no response after 3 minutes.

- NARCAN:** Nasal Spray (4mg of naloxone hydrochloride in 0.1mL) **Two pack kit**
Directions: Spray into one nostril. May repeat $\times 1$, if no response after 3 minutes.

For more information about naloxone visit www.dontdie.org

For substance use treatment call the 24/7 Crisis Information and Referral Line, **410-433-5175**

NPI # 1225279243