

## Multi-step Intranasal (IN) Naloxone

Detient Name	DOB		
Patient Name	DOB		
Address	Date Rx		
Rx: 2mg/2 mL Luer-Jet™ atomizer device (MAD-30	™ Luer-Lock needleless naloxone syringe plus mucos ດດ)	sal	
atomice neside (mad-20	00)		
Quantity: 2 syringes + 2 MAD-300 devices			
Sig (for suspected opioid overdose):			
Spray 1 ml (1/2 of syringe) into each nostril.			
Repeat after 2- 3 minutes if no or minimal response.			
Refills: 2			
Prescriber			
Signature			



## Intramuscular (IM) Naloxone

Patient Name	DOB
Address	Date Rx
Rx: single-use 0.4 mg / 1 m 3 mL syringe w/ 23-25 gaug	
Quantity: 2 vials + 2 IM syr	inge/needle
Sig (for suspected opioid o	overdose):
Inject 1 mL in shoulder or	thigh.
Repeat after 2-3 minutes if	no or minimal response.
Refills: 2	
Prescriber	
Signature	



## Intranasal (IN) Naloxone Device

Patient Name	_ DOB			
Address	_ Date Rx			
Rx: Narcan®: 1 pack of two 4 mg/0.1 mL intranasal devices				
Quantity: 1 pack				
Sig (for suspected opioid overdose):				
Spray 0.1 mL into one nostril.				
Repeat with second device into other nostril after 2-3				
minutes if no or minimal response.				
Refills: 2				
Prescriber				
Signature				



## Intramuscular (IM) Naloxone Auto-injector

Patient Name	DOB		
Address	Date Rx		
Rx: Evzio™: 1 pack of two 0.4 mg/0.4 mL prefilled auto-injector devices with one trainer device			
Quantity: 1 pack			
Sig (for suspected opioid ove	rdose):		
Inject into outer thigh as directed by English voice prompt system. Place black side firmly on outer thigh and depress and hold for 5 seconds.			
Repeat with second device in 2-3 minutes if no or minimal response.			
Refills: 2			
Prescriber			
Signature			