

Maryland Overdose Response Program
Naloxone Standing Order for ORP Dispensing

Naloxone is indicated for the reversal of respiratory depression or unresponsiveness due to opioid overdose. The Overdose Response Program is a program administered by the Maryland Department of Health for the purpose of providing a means of authorizing certain individuals to administer naloxone to an individual experiencing, or believed to be experiencing, an opioid overdose to help prevent a fatality when medical services are not immediately available.¹ Under Health-General Article § 13-3106, Code of Maryland, any licensed health care provider with prescribing authority who issues a standing order may delegate the dispensing of naloxone to an employee or volunteer of an authorized entity. Please contact mdh.naloxone@maryland.gov with any questions about this form.

Prescriber and Authorized Entity Information

Prescriber Name & Title

Prescriber Maryland License Number

Overdose Response Program Entity Name

Naloxone Formulation

This standing order is for naloxone hydrochloride and necessary paraphernalia for administration. Dispense two doses of naloxone hydrochloride and necessary paraphernalia for administration. The specific naloxone formulation shall be selected from the list below in accordance with the individual's preference or training to administer a particular formulation.

For intranasal administration

1. NARCAN® 4mg/0.1mL nasal spray. Include face shield for rescue breathing if available.
Directions for use: Administer a single spray of NARCAN® in one nostril. Repeat after 3 minutes if no or minimal response.

For intramuscular injection

1. 0.4mg/mL in 1mL single dose vials. Include one 3cc, 23g, 1" syringe per dose dispensed. Include face shield for rescue breathing and alcohol swabs if available.
Directions for use: Inject 1 mL IM in shoulder or thigh. Repeat after 3 minutes if no or minimal response.

Licensed Health Care Provider Attestation

I declare the standing order for prescribing and dispensing of naloxone as defined in the above conditions.

Full Name (Print)

Today's Date

Sign or type your name here

*Standing Order Expiration Date
(two years from the date of signing)*

¹ Health-General Article, Title 13, Subtitle 31, Code of Maryland
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