PATIENT GROUP DIRECTION FOR THE ADMINISTRATION OF NALOXONE (PRENOXAD® or NYXOID®) BY APPROVED HEALTHCARE PROFESSIONALS WORKING FOR 1ST DEFENCE MEDICAL LTD.

APPROVER	
AUTHORISATION	**1ST DEFENCE MEDICAL LTD.**
SIGNATURE	
DATE APPROVED	**JUNE 2026**
DATE OF REVIEW	**JUNE 2027**
EXPIRY DATE	**JUNE 2029**

1st Defence Medical Ltd. have authorized this Patient Group Direction to help Independent Contractors and Staff by providing them with more convenient access to an efficient and clearly defined guideline within their contracted role with 1st Defence Medical Ltd. This Patient Group Direction can not be used until Appendix 1 is completed.

UNCONTROLLED WHEN PRINTED

VERSION 1

Identifier: 1DMED/PGD/Naloxone

POLICY STATEMENT:

It is the responsibility of the individual Health Care Professionals to ensure that they work within the terms set out in this PGD, and to ensure that they are working to the most up to date PGD. By doing so, the quality of medical care provided will be maintained, and the chances of HCP's making erroneous decisions which may affect individuals, staff or bystander's safety and comfort will be reduced. Independent Contractors and Staff are responsible when using this PGD to ensure they are acting within their own scope of practice and level of competence.

The lead author is responsible for the review of this PGD and for ensuring this PGD is updated in line with any changes in clinical practice, relevant guidelines, or new research evidence.

REVIEW DATE:

The review date for a PGD needs to be decided on a case-by-case basis in the interest of safety. The expiry date should not be more than 3 years, unless a change in national policy or update is required.

DOCUMENT
Drafted: JUNE 2026
Completed: JUNE 2026
Approved: JUNE 2026

ORGANISATIONAL AUTHORISATIONS

This PGD is not legally valid until it has had the relevant organizational authorisation.

PGD DEVELOPED/REVIEWED BY:

Medical Practitioner	**Name:** **Title:** **Date Signed:** **Signature:**
Company Director	**Name: Christopher Lee** **Title: Company Director** **Date Signed: 23/06/2026** **Signature:**
Lead Author	**Name: Anna Lee** **Title: Guideline and Policy Lead** **Date Signed: 23/06/2026** **Signature:**

MANAGEMENT AND MONITORING OF PATIENT GROUP DIRECTION

Implementation and management of this PGD will be overseen by the Company Director.

Name: Christopher Lee
Title: Company Director
E-mail: info@1stdefencemedical.co.uk

1st Defence Medical

PATIENT GROUP DIRECTION FOR THE ADMINISTRATION OF NALOXONE (PRENOXAD™ or NYXOID™) BY APPROVED HEALTHCARE PROFESSIONALS WORKING FOR 1ST DEFENCE MEDICAL LTD.

Clinical indication to which this PGD applies

Definition of Situation/Condition	This Patient Group Direction (PGD) will authorise approved Healthcare Professionals (HCP's) in the characteristics of staff and independent contractors authorized to work under this PGD to use Naloxone as included in the Naloxone Formulary (Appendix 4) on individuals 18 years and over for Intramuscular (IM) PRENOXAD® and individuals 14 years and older Intranasal NYXOID®
Law and Administration	Naloxone is governed by the Human Medicines Regulations 2012 (HMR). The HMR classifies naloxone as a Prescription-Only Medication (POM). The administration of POMs is regulated by HMR.214(2). HMR.238 disapplies HMR.214(2) for those POMs specified in Schedule 19, when administered for the purpose of saving life in an emergency. Naloxone hydrochloride is included in Schedule 19.

Training	Training prior to approval for use of Naloxone on shift will include:
	● how to identify a possible opioid overdose
	● the importance of calling 999 (or getting someone else to call) and:
	  ● asking for an ambulance
	  ● letting them know you have naloxone and have been trained to use it
	  ● following their instructions
	● how to unpackage and assemble (if necessary) the supplied product, and how to administer it
	● the importance of staying with the person who has overdosed, of being ready to tell the ambulance what they have taken (if you know) and how much naloxone you have administered

Storage	Naloxone will be stored securely between shifts. When on shift, if Naloxone is in the kit bag you are assigned it should be kept in your sight at all times. No one is to use the Naloxone unless they have completed training on safe use, and been signed off by the Company Director for use while on shift. All unused Naloxone is to be returned sealed at the end of your shift. Expired Naloxone will be replaced prior to your shift. **If Naloxone is used, the syringe/dispenser and case are to be sent with the Emergency Ambulance Crew to Hospital. Be sure to note the lot number, and expiry date for records.**
Monitoring	Oversight of PGD and Storage of Naloxone will be the responsibility of the Company Director, Christopher Lee. Training and Updates to PGD will be overseen by Anna Lee, Guideline and Policy Lead, and Training Lead.
Record Keeping	Record keeping is essential and required. If you use Naloxone while on shift, you are required to complete a Medication Administration Record (MAR) and submit it by the end of your shift.
Criterium for Use of Naloxone	**Naloxone is for use in emergency use only, when overdose is suspected. Criterium for the use of Naloxone will include the recognition of symptoms of overdose.** **Recognition of Symptoms:** Acute opioid toxicity typically causes the triad of i) drowsiness (CNS depression); ii) respiratory depression (hypoventilation and reduced respiratory rate); and iii) pupillary miosis. Other symptoms and signs may be present and can include: • Nausea and vomiting • Neuropsychiatric features including nightmares, anxiety, agitation, euphoria, dysphoria, depression, paranoia and hallucinations • Urticaria and pruritus • Convulsions • Hypotension and bradycardia • Hypothermia secondary to environmental exposure Commonly, opioids are co-ingested with alcohol or other drugs that can exacerbate respiratory depression (benzodiazepines and GABA-ergics such as pregabalin), or with other drugs that result in mixed toxicity (sympathomimetics such as crack cocaine, or synthetic cannabinoid receptor agonists) which may mask the

	typical opioid toxidrome and/or result in additional adverse effects. The severity and duration of opioid toxicity will vary depending on the amount of opioid used, the potency of the opioid(s), the opioid tolerance of the individual and the route of use (oral, inhalation and/or intravenous).
Dose and Frequency of Treatment	400 micrograms or 0.4ml of Naloxone [Prenoxad®] Injection solution by intramuscular injection into the outer thigh or muscles of the upper arm as part of the resuscitation intervention. The dose of 0.4ml can be repeated every 2-3 minutes in subsequent resuscitation cycles until an effect is noted or the ambulance arrives. After the first dose of Nxyoid® is given, if there is no improvement after 2–3 minutes, or if overdose symptoms return: use a new Nyxoid® spray in the other nostril.
Side Effects of Naloxone Administration	The effects of the opioid medicine may last longer than the effects of the naloxone. This means the breathing problems and sleepiness could come back. *Always call 999 for emergency help after the first dose of naloxone, and closely monitor the patient*. Severe opioid withdrawal symptoms may have sudden onset after receiving Naloxone. These include body aches, a fever, sweating, runny nose, sneezing, goose bumps, yawning, weakness, shivering or trembling, nervousness, restlessness or irritability, diarrhea, nausea or vomiting, stomach cramps, tachycardia, and increased blood pressure. Some types of opioid medicines (eg, Buprenorphine, Pentazocine) may require larger or repeat doses of naloxone to reverse the opioid effects.
Sharps	After use, the Naloxone syringe should be returned to the case. The case, needle and syringe are to be sent with the Emergency Ambulance Crew to Hospital with the patient. Exercise caution at all times when preparing, while using, and after using the needle to prevent needle stick injuries. Should a needle stick injury occur, this is to be reported as soon as possible (and before the end of your shift) to Christopher Lee, the Company Director.
Products Choice	Naloxone will be supplied as either Intramuscular (IM) PRENOXAD® or Intranasal NYXOID®
Exclusion Criteria	Intramuscular (IM) PRENOXAD® is to be used on individuals over the age of 18 only. Intranasal NYXOID® may be used on individuals over the age of 14 only.

Precautions and Special Warnings	Pregnancy and pre-existing cardiovascular disease are listed as precautions for naloxone use but it is unlikely that this information would be available in the event of overdose. Consult 999 clinical lead should you be aware of pregnancy or pre-existing cardiovascular disease, and follow directions given by them. Naloxone 400 micrograms/ml must be given with caution to patients who have received high doses of opioids or are physically dependent on opioids. Too rapid reversal of the opioid effect can cause an acute withdrawal syndrome in such patients. Hypertension, cardiac arrhythmias, pulmonary oedema and cardiac arrest have been described. Patients who respond satisfactorily to naloxone hydrochloride must be closely monitored. The effect of opioids can be longer than the effect of naloxone hydrochloride and new injections may be necessary. Naloxone hydrochloride is not effective in central depression caused by agents other than opioids. Reversal of buprenorphine-induced respiratory depression may be incomplete. If an incomplete response occurs respiration should be mechanically assisted. Although no direct causative relations have been shown, caution should be used in administering Naloxone 400 micrograms/ml to patients with heart diseases or to patients who are taking relatively cardiotoxic drugs causing ventricular tachycardia, fibrillation and cardiac arrest (e.g. cocaine, methamphetamine, cyclic antidepressants, calcium channel blockers, beta-blockers, digoxin).
Action if Excluded	If opioid overdose is suspected, but the patient is excluded from Naloxone use, emergency services should be informed immediately. Follow all advice given by 999 call handler and clinical leads.
Action if Naloxone is Declined	Healthcare Professionals should act in the patient's best interest at all times, when safe to do so. Should a patient or guardian refuse use of Naloxone, advise the 999 call handler and follow all advice given by them and the 999 clinical lead.

Sources:

Royal College of Emergency Medicine and National Poisons
Information Service Guideline for the Assessment and Management of Acute Opioid Toxicity in Adults in the Emergency Department
https://rcem.ac.uk/wp-content/uploads/2024/05/Acute_Opioid_Toxicity_Best_Practice_Guideline_v1.pdf

Nyxoid
https://www.nyxoid.com/sites/default/files/2024-08/patient-information-card_3.pdf

APPENDIX 1: HEALTHCARE PROFESSIONAL AGREEMENT TO ADMINISTER NALOXONE UNDER PATIENT GROUP DIRECTION

I, (full name printed): _____

Working as (job role): _____

Agree to administer the medication(s) listed within the following Patient Group Direction:

PATIENT GROUP DIRECTION FOR THE ADMINISTRATION OF NALOXONE (PRENOXAD® or NYXOID®) BY APPROVED HEALTHCARE PROFESSIONALS WORKING FOR 1ST DEFENCE MEDICAL LTD.

I have completed the appropriate training to my professional standards enabling me to administer the medication(s) in the above direction. I agree not to act beyond my professional competence, nor out with the recommendations of the direction.

Signed: _____

Print Name: _____

Date: _____

Job Role: _____

PIN# (if applicable): _____

MANAGEMENT USE ONLY:

TRAINING COMPLETED BY:	
DATE TRAINING COMPLETED:	
APPROVED BY:	
SIGNATURE:	
DATE:	