

Best Practices in Emergency Medicine – Tips For Dispensing Naloxone

THE SITUATION

Community overdose education and naloxone distribution programs have been shown to decrease overdose deaths, and not increase opioid use. **The emergency department (ED) is an ideal setting for opioid overdose death prevention through the distribution or prescribing of naloxone rescue kits**, overdose prevention and response education.¹

AT RISK PATIENTS

Any patient at risk for an opioid overdose should be dispensed or prescribed a naloxone rescue kit

Patients at risk can include, but are not limited to, the following:^{2,3,4,5}

- **Any patient with substance use disorder (SUD)**, because all illicit substances should be assumed to contain fentanyl, including non-opioids
- Received emergency care involving **opioid intoxication, overdose, or withdrawal**
- History of, suspected, or current **opioid abuse** or nonmedical opioid use
- Prescribed or initiated treatment of **buprenorphine or methadone**
- Receiving an **opioid prescription** of > 50 mg morphine equivalents per day
- Receiving an opioid prescription for pain and:
 - Has respiratory, renal, hepatic, or cardiac disease
 - Uses alcohol, benzodiazepines, or other sedatives
 - Has poorly controlled depression
- **Resuming opioid use** after a period of abstinence (including incarceration)
- Has difficulty accessing emergency services (e.g., rural residence)
- Requested by patient or concerned friend/family member

NALOXONE RESCUE KITS

If possible, distribution of a **take-home kit is preferred** over a prescription, to ensure access and remove possible pharmacy cost or availability barriers.³ Naloxone kits should include:⁵

- 2 doses of naloxone, preferably in intranasal (IN) formulation, which is easy to use and often covered by insurance
 - Note: Generic intramuscular (IM) formulations are low cost and may be appropriate for those with experience drawing and injecting. Auto-injector formulations are costly and often not covered by health insurers.
- Instructions on use and other educational handouts (see p.2)
- May include alcohol swabs, gloves, and/or face shields

WORKFLOW RECOMMENDATIONS

1. Incorporate a **naloxone order set** into your electronic health record (EHR), which will be suggested for any patient in the ED with an SUD-related diagnosis
2. Authorize **standing orders for naloxone** distribution, so kits can be dispensed by care team members such as nurses or care navigators

PATIENT EDUCATION

Naloxone training should be provided in person to the patient and their friends/family, and should include discussion of the following:^{2,3,6}

- ✓ Overdose risk factors
- ✓ Signs and symptoms of opioid overdose
- ✓ Importance of immediate activation of 911
- ✓ Instructions on how to administer naloxone
- ✓ Naloxone effects and side effects
- ✓ Instruction on compression only CPR or information on local lay-person CPR training

Patient Education Handouts and Resources

- Naloxonesaves.org - [How to use a naloxone kit](#)
- Prescribetoprevent.org - [Opioid safety and how to use naloxone](#), [How to prevent an overdose](#)
- Veteran's Health Administration - [Overdose Prevention and Reversing an Overdose](#)
- American Heart Association - [CPR course locator](#)

ACCESSING NALOXONE

The cost of dispensing take-home naloxone rescue kits can be a barrier. The following resources may be able to help provide assistance or guidance:

Coordinated Care Organizations	Contact your local CCO , they may have funding available for overdose prevention programs
Oregon Community Hospital Benefit	Talk to hospital administration about using Community Benefit funding to support naloxone distribution
Grants	Investigate grants from organizations such as SAMHSA , Central Oregon Pain Guide , and Rural Communities Opioid Response Program
Community partners	Connect with local law enforcement, syringe exchange programs, criminal justice department, county health department, etc. to discuss opportunities for partnership or funding
Pharmacy partners	Collaborate with your hospital pharmacy to discuss opportunities to supply the ED with naloxone kits
Save Lives Oregon	Save Lives Oregon provides harm reduction supplies, including naloxone, to community based organizations, health clinics, tribes, first responders and jails
Max's Mission	Max's Mission provides free naloxone and harm reduction supplies in Josephine, Jackson, and Klamath counties

REFERENCES/RESOURCES

1. ACEP Buprenorphine Use in the Emergency Department (BUPE) Tool. <https://www.acep.org/patient-care/bupe/>
2. SAMHSA Opioid Overdose Prevention TOOLKIT <https://store.samhsa.gov/sites/default/files/d7/priv/sma18-4742.pdf>
3. ACEP & TIPS: Emergency Department Naloxone Distribution: Key Considerations and Implementation Strategies <https://prescribetoprevent.org/wp2015/wp-content/uploads/TIPWhitePaper.pdf>
4. ACEP Policy Statement: Naloxone Prescriptions by Emergency Physicians <https://www.acep.org/globalassets/new-pdfs/policy-statements/naloxone-prescriptions-by-emergency-physicians.pdf>
5. PCSS MAT Training: Prescribing Naloxone to Patients for overdose Reversal <http://pcssnow.org/wp-content/uploads/2016/08/Prescribing-Naloxone-to-Patients-for-Overdose-Reversal.pdf>
6. ACEP Policy Statement: Naloxone Access and Utilization for Suspected Opioid Overdoses <https://www.acep.org/globalassets/new-pdfs/policy-statements/naloxone-access-and-utilization-for-suspected-opioid-overdoses.pdf>