Short Title: ED Take Home Naloxone
Long Title: ED Take Home Naloxone for High Risk Patients

Jacob Lebin MD[1], Betty Chen MD[1], Gina Korab PharmD BCPS[2], Lauren Whiteside MD MS[1]

1. University of Washington Division of Emergency Medicine
2. University of Washington Department of Pharmacy

PROTOCOL PURPOSE

To establish the indications and procedure for the prescription and dispensing of take home naloxone for high risk patients in the emergency department.

PROTOCOL

Background

The nonmedical use, abuse, and intoxication from prescription and illicit opioids are growing problems encountered by the emergency department. However, recent studies have shown decreased mortality in communities with take home naloxone programs.[1] As such, the emergency department provides a promising opportunity for opioid harm reduction measures through overdose education, substance abuse treatment referral, and take home naloxone (THN). Recognizing the potential impact on opioid associated morbidity and mortality, the Washington state legislature recently passed House Bill 1671[2], a law that allows and encourages physicians to prescribe and dispense naloxone and allows the lay public to possess and administer naloxone without legal consequences. It is the intention of the legislature and this protocol to increase access to opioid overdose medication to any person who may be present at an overdose. This protocol allows for take home naloxone to be prescribed and dispensed for patients, determined to be at high risk for opioid related overdose, who are being discharged from the emergency department.

Pathway:

The THN pathway is a collaborative effort between emergency providers, nursing, social work, and pharmacy. Given variable staff availability during high volume periods, consider that sections of the protocol may be performed by multiple staff members to ensure appropriate and timely completion of all protocol items. Protocol will vary during overnight hours due to pharmacy availability.

A. Recognition of the <u>At Risk Patient</u>

Patients who meet any of the inclusion criteria below may be considered for take home naloxone:

1. Current or recent heroin use
2. A morphine equivalent dosage of >100mg oral morphine per day
3. Co-morbid substance abuse and/or psychiatric disorder
4. Concomitant prescribing of opioids with benzodiazepines or other sedatives
5. Greater than 3 opioid prescribers per WA Prescription Monitoring Program
6. Patients taking opioids not prescribed to them
7. Any history of prior overdose

B. Discussion of Risk Profile
Providers caring for patients at risk for opioid overdose will discuss THN with patients. Importantly, patients at risk for prescription opioid overdose will require an approach to naloxone based on medication safety and tailored to their use profile. Many heroin users are familiar with naloxone, however providers will approach these patients and offer naloxone based on their individual risk as well. Ultimately, the decision to provide take home naloxone lies with the provider and depends on the patient's risk factors and willingness to consider use.

C. Discharge Naloxone Prescription
Prior to discharge, the provider will write a prescription for naloxone to be filled by the HMC Pharmacy, see example below. Other prescriptions can be given to patient in usual fashion. During times when the HMC outpatient pharmacy is closed, the provider will tube this prescription to pharmacy and the medication will be sent up to the ED.

If patients choose to fill this at other pharmacies they should be aware there could be additional costs.

Naloxone 1mg/mL syringe
Sig: Attach nasal device and spray ½ syringe in each nostril for suspected opioid overdose. Call 911. May repeat after 3 minutes if unresponsive.
Dispense: 4mL with atomization device

D. Discharge Teaching about Naloxone

1. **During times that the outpatient pharmacy is open**, naloxone teaching will be done by the HMC outpatient pharmacist. The outpatient pharmacist will provide naloxone drug information, a brochure to instruct the patient how to respond during an overdose, and assembly instructions for the intranasal naloxone.
2. **During the time the outpatient pharmacy is closed**, naloxone teaching will be done by the RN, physician, or MLP involved in the patient's care. It is important to provide teaching on intranasal naloxone assembly and a teaching kit will be available in the ED for this use. Naloxone teaching should be done in-person, as well as with written instructions, and is estimated to take 5-10 minutes.

E. Social Work Consult
It is the current practice of Social Work to see all patients requesting chemical dependency resources and when available these patients will be seen by the SBIRT counselor. SW can also provide written resources as needed.

F. Discharge Instructions
At time of discharge, patient will be given either discharge instructions for "ED Naloxone for IVDU" or "ED Naloxone for Prescription Opioids" depending on risk profile. Discharge

instructions can be found through the usual discharge process. During the usual DEPART discharge process, provider or nursing should highlight the following naloxone instructions:

1. Check for signs and symptoms of opioid overdose
    A. Slow or no breathing
    B. Gurgling, gasping, or snoring
    C. Clammy, cool skin
    D. Blue lips or nails
2. If unresponsive, call 911.
3. Give intranasal naloxone by squirting half of the vial into each nostril
4. Encourage follow-up medical care

PROCEDURE (IF ANY)

None.

RELATED POWERPLANS (IF ANY)

None.

RELATED OCCAM LINKS (IF ANY)

RELATED EXTERNAL LINKS (IF ANY)

www.stopoverdose.org
http://stopoverdose.org/docs/OpioidOverdose.pdf
www.prescribetoprevent.org

REFERENCES

1. Walley et al. Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis. BMJ 2013;346:f174.
2. http://apps.leg.wa.gov/billinfo/summary.aspx?bill=1671