

# Take-Home Naloxone for Accidental Opioid Overdose in Primary Care

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## CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016



### Assessing Risk and Addressing Harms of Opioid Use

8. Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages ( $\geq 50$  MME/day), or concurrent benzodiazepine use, are present (recommendation category: A, evidence type: 4).

# Objectives

- Report on prescriber-identified barriers to take-home naloxone in primary care
- Describe our clinics' take-home naloxone EMR process
- Report on changes in naloxone prescribing practices following this process implementation

	Survey Respondents ( <i>n</i> )
Resident	68
Faculty	28
Total	96

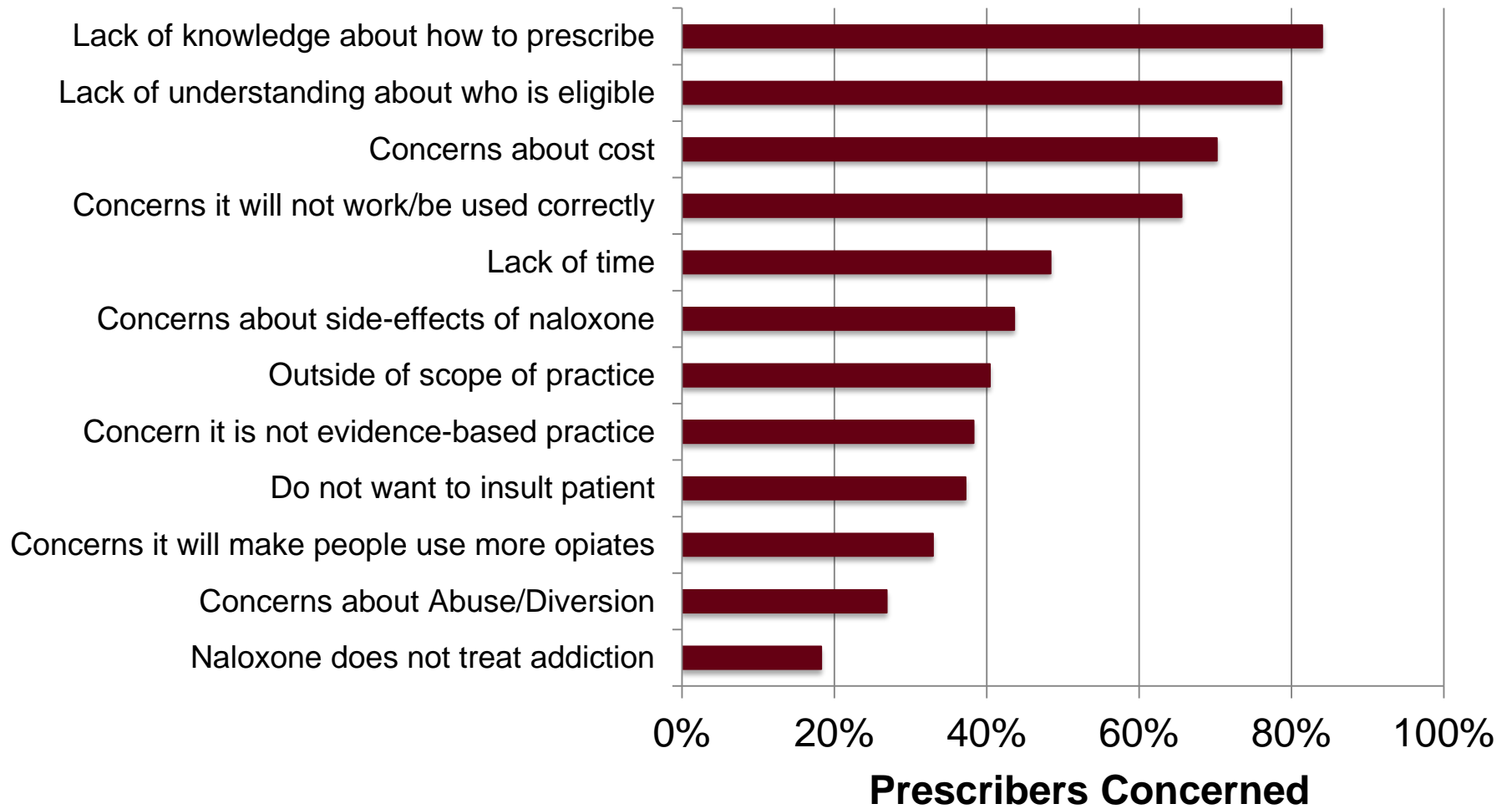
## Familiarity

- 92.7% of providers ( $n = 89$ ) had heard of prescribing naloxone to use in case of accidental overdose

## Risk perception




- 62% of providers ( $n = 59$ ) endorsed having patients in their clinical panels that are at risk for overdose
- 55% ( $n = 53$ ) suspected patients of misusing prescribed opioids
- 19% ( $n = 18$ ) had patients they suspected died of opioid overdose

# **PRESCRIBER CONCERNS**



Average number of concerns endorsed per prescriber = 5.82 (SD = 3.13)

# **EMR PROCESS**



- Synopsis
- History
- Review Flows...
-  Rooming
- Screenings
-  Plan
- Flowsheets
- Admit/Therapy ...
- Order Entry
-  Wrap-Up
- Sign Visit
- FYI
- Letters
- Care Teams
- Customize

## ▼ UMP FM CHRONIC PAIN SMART SET

### Guidelines and Links Collapse

- > CDC Guidelines
- > Pain Resources for Providers




### Documentation Collapse

- ▼ Chronic Pain Documentation
  - Initial CPM Visit  Edit
  - Follow up CPM visit  Edit

### Orders Collapse

- ▼ Drug Test
  - Rapid Urine Drug Screen (Labdaq)  
Qty-1
- ▼ Naloxone (Narcan) Prescription
  - naloxone (NARCAN) nasal spray  
Disp-1 each, R-1

### AVS Collapse

- ▼ Patient instructions
  - Standard Chronic Pain AVS  Edit
  - Opioid Treatment Agreement  Edit
  - Opioid Overdose Safety Plan  Edit

### Diagnosis Collapse

- ▼ Diagnosis: Chronic Pain Syndrome
  - Chronic pain syndrome [G89.4]  Details

Reminder about eligibility

Pre-selected naloxone prescription

Naloxone patient instructions



# Visit 1 Note Template: Reminder about Eligibility

## Assessment and Plan

NORTH ZZ Rhearsal is here for evaluation of chronic pain.

- Pt currently has a functional status FAQ 5 of \*\*\*.
- Naloxone {WILL/WILL NOT:100997} be prescribed.
- {Consider prescribing naloxone if patient on >50mg Morphine Equivalents a day (Oxycodone 33 mg, hydromorphone 12 mg) } or on benzodiazepines, or any history of overdose, history of substance use disorder or recent release from prison or CD treatment.}

▼ Naloxone (Narcan) Prescription

naloxone (NARCAN) nasal spray

Accept  Cancel

Product: **NALOXONE HCL 4 MG/0.1ML NA LIQD**

Dose:

naloxone (NARCAN) nasal spray [Details](#)

Single dose of 4 mg (1 Spray) exceeds recommended maximum of 1 mg, over by 300%

Override Reason/Comment:

Prescribed Dose: **4 mg**      1 spray × 4 mg/spray  
= 4 mg

Prescribed Amount: **1 spray**

Route:

Frequency:

The supply of 2 doses exceeds the duration of 1 doses.

Starting:

Mark long-term:  NALOXONE HCL (OPIOID ANTAGONISTS)

Patient Sig: **Spray 1 spray (4 mg) in nostril once for 1 dose May repeat every 2-3 minutes until patient responsive or EMS arrives**

[Edit the additional information appended to the patient sig](#)

Dispense:   Refill:

Total Days Supplied: **2 Doses**

The supply of 2 doses exceeds the duration of 1 doses.

Dispense As Written

Report: **Common sizes:**  
**Box: 1 each, 2 each**

Class:

Note to Pharmacy (F6):  
(300 char max.)

Reference Links: 1. [MedInfo](#)      2. [Provider Resource Link](#)

Taking:

Accept  Cancel

# Patient Instructions

## **OPIOID OVERDOSE SAFETY PLAN**

Patients taking prescription opioids are at risk for accidental overdose. Overdose from prescription opioid pain medications is a national epidemic. Opioids include: Vicodin (hydrocodone), OxyContin (oxycodone), Dilaudid (hydromorphone), MS Contin (morphine), Fentanyl, Percocet, Methadone, Suboxone, heroin, and others.

### Steps to Avoid Overdose

1. Only take medication prescribed to you
2. Don't take more medication than instructed
3. NEVER mix pain medications with alcohol
4. Avoid sleeping pills when taking pain medications
5. Dispose of unused medications
6. Store your medication in a secure place
7. Teach your family and friends how to respond to an overdose

\*Developed using SAMHSA, WHO, and Prescribetoprevent.org guidelines for naloxone distribution

## **OPIOID OVERDOSE SAFETY PLAN (continued)**

**Narcan** is being prescribed as part of your opioid overdose safety plan. Narcan is a medication that reverses opioid overdose and saves lives. Opioid overdoses are life threatening and must be handled right away. Narcan reverses overdose for 30-90 minutes, and you must call 911 immediately if you suspect overdose.

### **STEP 1: RECOGNIZE OVERDOSE**

Not breathing or breathing very slowly (less than 1 breath every 5 seconds)

Snoring, gasping, or gurgling sounds

Lips or fingertips turning blue

Very limp body and pale face

Not responding to hard rub of the chest or yelling their name

### **STEP 2: CALL FOR HELP (DIAL 911)**

Always call 911 and tell them “someone is not breathing”

You are legally protected when calling for help in Minnesota

### **STEP 3: SUPPORT BREATHING**

1. Check airway – make sure there is nothing inside their mouth stopping breathing
2. One hand on chin, tilt head back, pinch nose closed
3. Make a seal over mouth and give 2 slow breaths. You should see the chest rise, not stomach.
4. Keep going with one breath every 5 seconds

### **STEP 4: GIVE NARCAN**

Give Narcan if you can give it quickly enough so that the person won't go for too long without your breathing assistance

Follow directions on the package

Spray Narcan into one nostril

### **STEP 5: MONITOR**

Continue rescue breathing until they are breathing on their own

Give another Narcan spray if they are not breathing on their own or still unresponsive within 3 minutes of the first spray

Narcan wears off within 30-90 minutes and the person can overdose again once it wears off because the opioids are still in their system! Be sure to get them medical care right away.

# **NARCAN**<sup>®</sup> (naloxone HCl) **NASAL SPRAY**

## **QUICK START GUIDE** **Opioid Overdose Response Instructions**

Use NARCAN Nasal Spray (naloxone hydrochloride) for known or suspected opioid overdose in adults and children.

**Important:** For use in the nose only.

**Do not remove or test the NARCAN Nasal Spray until ready to use.**

### **1** Identify Opioid Overdose and Check for Response

**Ask** person if he or she is okay and shout name.

**Shake** shoulders and firmly rub the middle of their chest.

**Check for signs of opioid overdose:**

- Will not wake up or respond to your voice or touch
- Breathing is very slow, irregular, or has stopped
- Center part of their eye is very small, sometimes called “pinpoint pupils”

**Lay the person on their back to receive a dose of NARCAN Nasal Spray.**



### **2** Give NARCAN Nasal Spray

**Remove** NARCAN Nasal Spray from the box.

Peel back the tab with the circle to open the NARCAN Nasal Spray.



**Hold** the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



**Gently insert the tip of the nozzle into either nostril.**

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril**, until your fingers on either side of the nozzle are against the bottom of the person's nose.



**Press the plunger firmly** to give the dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.



### **3** Call for emergency medical help, Evaluate, and Support

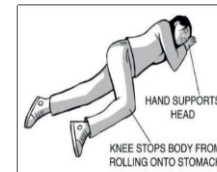
**Get emergency medical help right away.**

**Move the person on their side (recovery position)** after giving NARCAN Nasal Spray.

**Watch the person closely.**

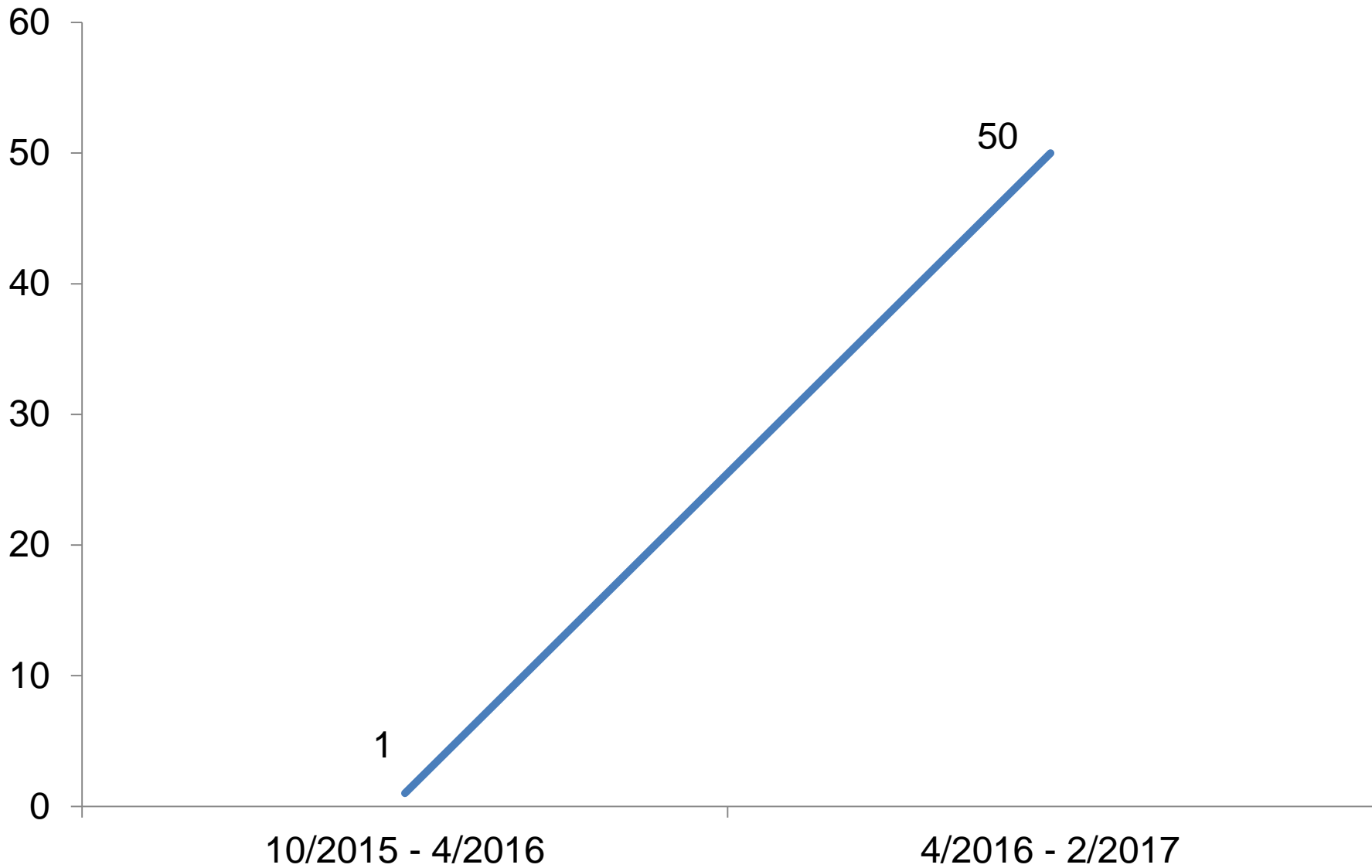
**If the person does not respond** by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.

**Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril.** If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.

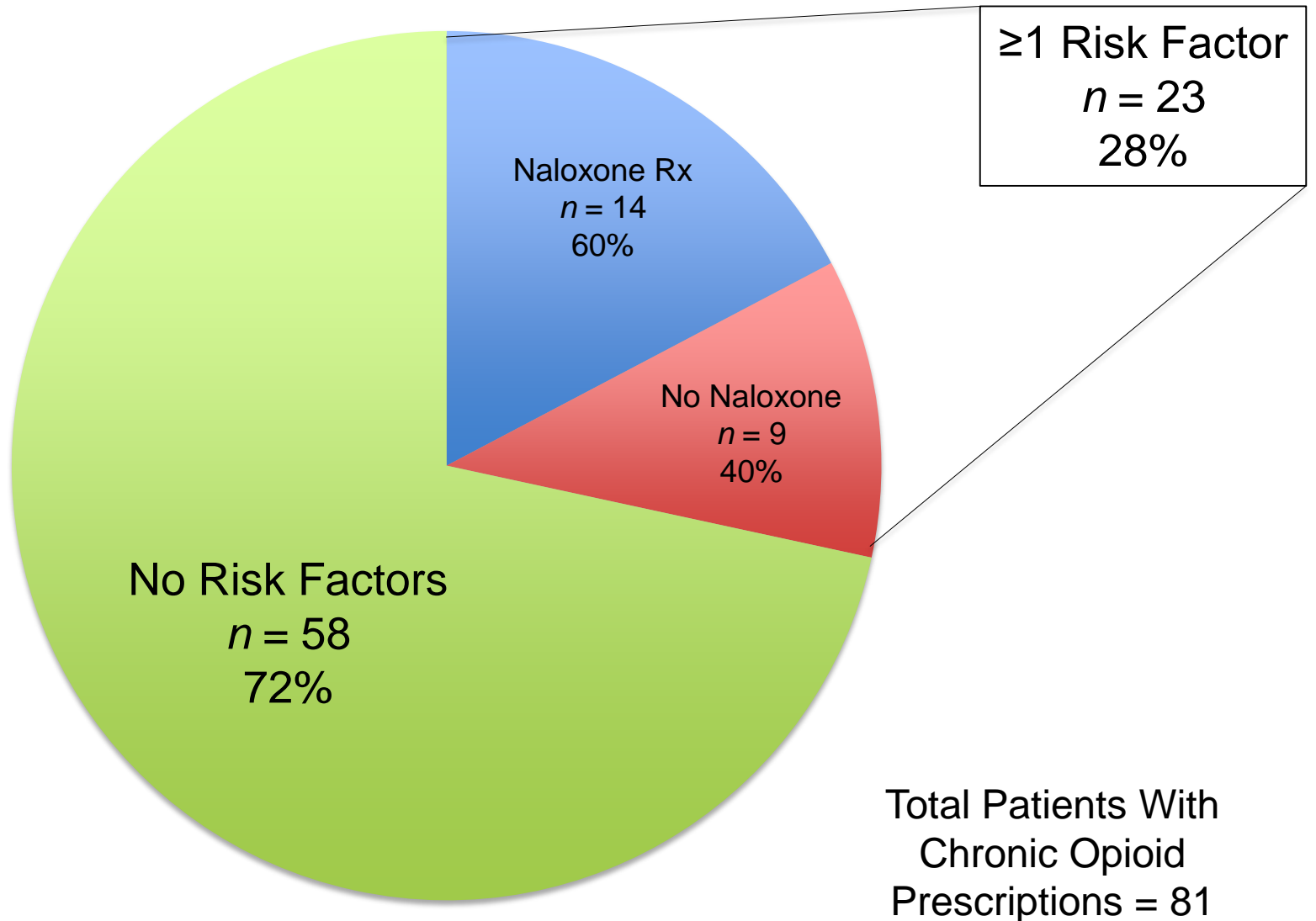


# **CHANGES IN NALOXONE PRESCRIBING PRACTICES**

# Prescriptions of Take-Home Naloxone



# Smiley's Family Medicine





# Conclusions

Provider-identified barriers to providing take-home naloxone are primarily about a lack of knowledge and/or clinic process.

- These can be addressed by building clinic and EMR processes.

Providing take-home naloxone systematically to higher risk patients is feasible in a primary care setting.

# Lessons Learned

- Needed provider education about how to introduce the topic:

“Opioids can cause bad reactions that make your breathing slow or even stop. This can happen if your body can’t handle the opioids you take that day, or if you take opioids with alcohol or other drugs. Naloxone is a lifesaver, just like a seatbelt or a fire extinguisher.”
- And how to respond when patients say, “I never take too much”

“No one plans an accidental overdose. It’s not unusual for the overdose victim to be someone who lives in the house, like a child or visiting teenager. Let’s talk about where you store your opioids.”

# Lessons Learned

- Many insurances cover Narcan formulation, but not 100%.
- Panels have helped in tracking compliance
- Unintended outcome: some patients have chosen to taper after having this conversation with their provider, noting concerns about safety.

# Next Steps

- Patient education:
  - Continued work in how to effectively education patients so that they can education family/friends
  - Including family/friends in the visit

# Questions?

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