

# Rhode Island Emergency Department Naloxone Distribution Toolkit

*How to start distributing naloxone from your emergency department*

Opioid overdose is a leading cause of death in RI. Community overdose education and naloxone distribution programs have been shown to decrease overdose deaths and the emergency department (ED) is an ideal setting for opioid overdose death prevention through the distribution of overdose naloxone rescue kits (NRKs), overdose prevention and response education, and referral to treatment.

This toolkit provides a guide to help you to start a naloxone distribution program. ED naloxone distribution or prescribing requires minimal institutional resources. The AnchorED program is an available recovery coach consult service in RI that provides naloxone training, overdose prevention education, recovery support and referral to addiction treatment free to any RI ED. Key considerations for any program, include naloxone purchasing and reimbursement, creation of an electronic medical record order set, and provision of patient education that requires minimal to no effort by ED staff.

## Toolkit use and contents

This toolkit provides guidance, suggestions, and resources to start a naloxone distribution program in your ED.

Four avenues for expeditious ED naloxone access are described:

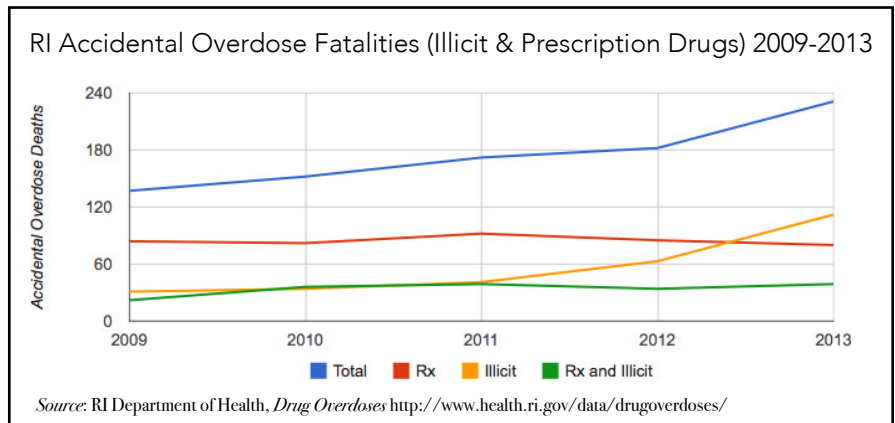
1. Distribution in the ED from the inpatient pharmacy upon ED or hospital discharge
2. Distribution through hospital outpatient pharmacies
3. Provider prescribing directly to patients and family members
4. Referral to a community pharmacy or access site.

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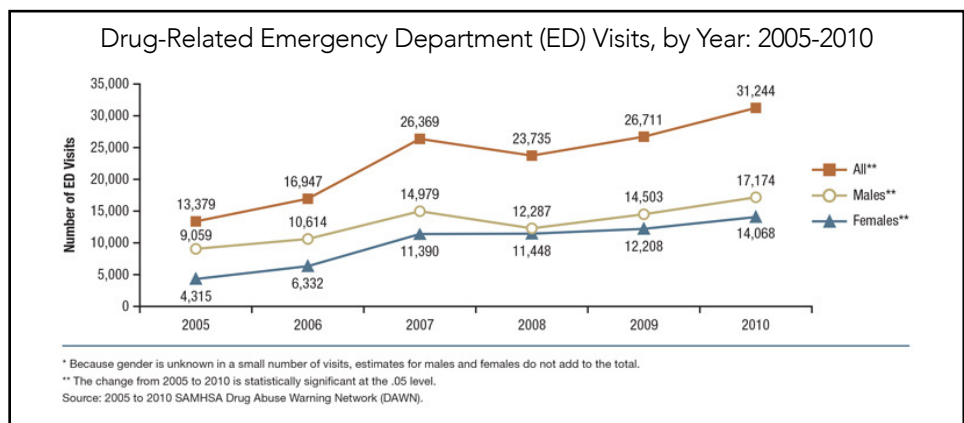
## The Problem

- Opioid overdose deaths are an increasing and leading cause of death due to unintentional injury.
- Rhode Island (RI), has the highest rate of overdose in the Northeast, and is among the top 5 states nationally.
- 2014 Opioid overdose deaths in RI increased 23% compared to 2013 and 45% since 2012.
- Most overdose deaths occur in the pre-hospital setting.<sup>1</sup>
- 78% of overdose deaths are unintentional.<sup>1</sup>



## Opioid-related ED visits

- Between 2004 and 2011, ED visits related to non-medical pharmaceutical use has risen 132%, with opioid involvement increasing 183%.<sup>2</sup>
- In 2012, there were 2.68 million ED visits for medical emergencies related to drug misuse or abuse.
  - >50% involved pharmaceuticals
  - 420,000 involved prescription opioids.<sup>3</sup>



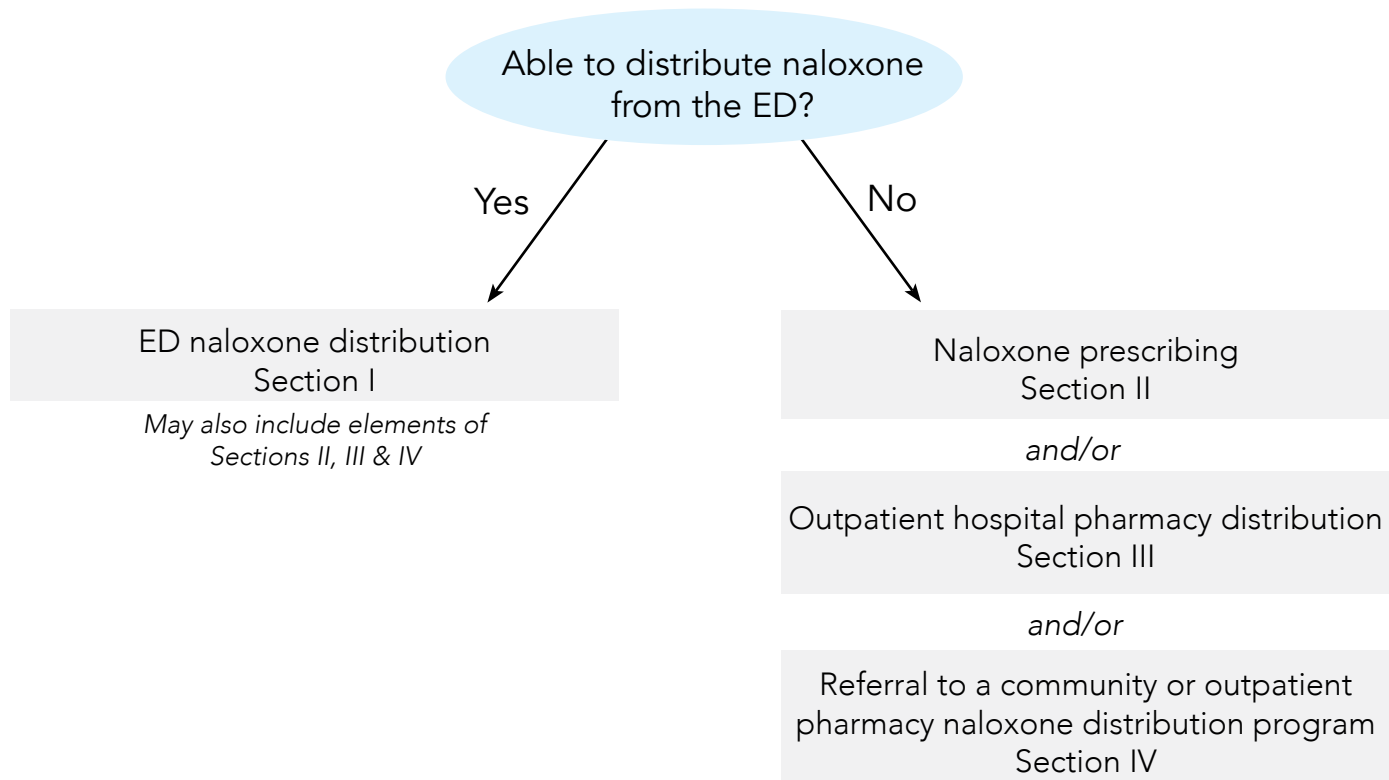
## Preventing opioid overdose deaths

Studies looking at community naloxone distribution have shown that laypeople can reliably administer naloxone in the incidence of an overdose.<sup>4</sup> Post-implementation studies in Chicago,<sup>5</sup> Massachusetts,<sup>6</sup> New York City,<sup>7</sup> and North Carolina<sup>8</sup> have also shown a reduction in overdose deaths, a decline<sup>9</sup> in opioid use as well as a trend toward increased addiction treatment enrollment.<sup>10</sup> Preliminary cost analyses have also demonstrated the cost-effectiveness<sup>11</sup> of naloxone distribution.

- The ED is an opportunistic setting for preventing opioid overdose deaths through the distribution of overdose naloxone rescue kits (NRKs) and overdose education at the time of an ED visit. Some hospitals in RI and MA have started ED-based distribution programs.<sup>12,13</sup>
- **2014 RI Department of Health Opioid Overdose Reporting Regulations** allow for provider naloxone distribution directly to patients and can be accessed at:

<http://www.sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/7738.pdf>

Each ED will have different abilities and obstacles to implementing a naloxone distribution program for patients at risk for opioid overdose (see box below). You will need to engage multiple stakeholders to successfully implement any program, including pharmacy, ED administration, nursing leadership, your ED's clinical operations committee, and ED physicians, nurse practitioners, physician assistants, and nurses.



### Persons at risk for opioid overdose

- 1) Received emergency medical care involving opioid intoxication or poisoning
- 2) Have suspected substance abuse or non-medical opioid use
- 3) Are receiving an opioid prescription for pain and:
  - a) Given a higher-dose prescription (>50 mg morphine equivalent/day)
  - b) Are prescribed methadone or buprenorphine through a prescriber or program
  - c) Rotated from one opioid to another because of possible incomplete cross tolerance
  - d) Have poorly controlled COPD, emphysema, asthma, sleep apnea, or respiratory infection where the provider is concerned concurrent opiate use will compromise their respiratory status
  - e) Have pre-existing renal dysfunction, hepatic disease, cardiac illness
  - f) Have known or suspected concurrent excessive alcohol use or dependency
  - g) Concurrent usage of a benzodiazepine or other sedative prescription
  - h) Suspected poorly controlled depression
- 5) Patients who fall into categories listed above and may have difficulty accessing emergency medical services (distance, remoteness)
- 6) Recent incarceration/release from prison with history of opioid use

## Section I: ED Naloxone Distribution

Persons at risk of opioid overdose (see box on previous page) or friends and family of someone at risk for opioid overdose, can be offered a Naloxone Rescue Kit (NRK). NRKs may also be provided upon request from patient, family member, friend, or caregiver.

### B. NRKs can be:

1. Ordered by providers through the usual means for medication prescribing
  - a) Add order to electronic medical record ordering system (see box page 4)
2. Labeled with an outpatient stamp/sticker
  - a) may be handwritten
3. Sent from pharmacy or removed from ED automated dispensing cabinets.
4. Assembled by pharmacy staff
5. Given to patient by a nurse upon discharge along with patient education

### C. Patient Education:

1. Provided to every patient given a NRK
2. In person counseling is the gold standard
  - a) Anchor Recovery Community Center offers Recovery Coach consultation Friday 8pm-Monday 8am funded by the RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH). To bring these services to your ED, you can contact Tom Joyce at [tjoyce@provctr.org](mailto:tjoyce@provctr.org)
  - b) Education may also be provided by: social work, pharmacy consult, mental health case worker, community health worker, or nursing staff, depending on practice norms or preferences of your institution
  - c) All ED staff should be provided training in identifying patients at risk of overdose and assembly and administration of intranasal (IN) and intramuscular (IM) naloxone
3. Educational adjuncts are an alternative if in person counseling is not available:
  - a) Educational video (see box)
    - i) Online format shown on in-hospital computers.
    - ii) DVD shown on portable DVD player
  - b) Handout (see pages 6-8 for examples you can use)
    - i) Pictorial guides increase applicability across languages

### Naloxone Rescue Kit (NRK) Contents

- 1) Naloxone IN or IM
  - A) IN naloxone kits:
    - i) Two naloxone HCl 1mg/ml 2ml luer-lock prefilled syringes
    - ii) One mucosal atomization device (MAD300)
  - B) IM naloxone:
    - i) Two naloxone HCl 0.4mg/ml vials
    - ii) One of the following:
      - a) Two 3ml syringes with 23G needle with safety retraction mechanism
      - b) Two prefilled syringes with 23G needle with safety retraction mechanism
- 2) Box must be labeled with outpatient stamp/sticker
- 3) Overdose education and naloxone assembly directions with:
  - A) Step-by-step instructions for administration of naloxone specific to formulation provided on paper hand out
  - B) Reference to link with online video instructions
- 4) May also include breathing barrier for rescue breathing

#### **Patient Education Videos:**

[www.prescribetoprevent.org/video/](http://www.prescribetoprevent.org/video/)

#### **Patient Education Materials:**





[www.prescribetoprevent.org/materials/](http://www.prescribetoprevent.org/materials/)

# Special Considerations

**Cost.** Formulations vary in cost, so check with your pharmacy. Your hospital may be eligible for a bulk discount. Insurance companies will not reimburse for ED distributed naloxone since ED medications are charged as inpatient medications and the first dose is not administered in the ED. Insurance will cover naloxone as an outpatient medication. Options to cover cost include:

- Hospital cover cost as a community service
- Distribution through outpatient hospital-based pharmacy (insurance will cover this)
- Apply for grants or obtain donations

**Electronic Medical Record.** Having pre-built orders for the naloxone rescue kit, recovery coach consultation, and to play the naloxone education video in an order folder or order set will significantly decrease utilization barriers. As each EMR is different, speak with your local IT team to discuss building orders and an order set. Here is an example of what your order may look like.

	Naloxone Kit and Education
	Naloxone IN Rescue Kit - naloxone Intranasal Atomizer 1 mg Intranasal in Dispensed for Home Admin once; in each nare, total dose = 2 mg
	Consult Anchor Recovery coach (401-415-8833)
	Play overdose rescue education video

**Hospital Review.** The contents of Section I are meant to guide the development of a distribution protocol tailored to your institution. Once you have developed a protocol, it will need to be reviewed by the committee at your hospital which approves pharmaceutical procedures and patient education materials.

**Kit assembly.** Minimal labor requirements, can be done by the pharmacy either before tubing to ED or prior to placing in ED Omnicell.

## Provider Education

A) Provided to all prescribers (physicians, nurse practitioners, physician assistants) and nursing staff

B) Education may be conducted via:

- RI professional organizations
- Residency conferences/educational venues
- Grand Rounds presentations
- Staff meetings or at change of shift
- E-mail announcements
- ED posters
- Referral to [prescribetoprevent.org](http://prescribetoprevent.org) for additional online resources and information.

C) Should Include:

- Evidence supporting naloxone prescribing/distribution
- Indications for naloxone prescribing/distribution
- Dosage and formulation
- Naloxone assembly and administration
- Patient overdose counseling, prevention and rescue with naloxone
- Community addiction treatment resources including medical assisted treatment and methadone and suboxone providers

## Section II: Naloxone Prescribing

Providers may prescribe IN or IM naloxone to a patient or family member to be filled at any outpatient pharmacy.

**IntraNasal Rx:** Naloxone HCl 1mg/mL (NDC 76329-3369-1) 2x2mL as prefilled luer-lock needless syringe with IN mucosal atomizing device (MAD 300), 2 doses. For suspected opioid overdose, spray 1mL in each nostril. Repeat after 3 minutes if no or minimal response

**IntraMuscular Rx:** Naloxone HCl 0.4 mg/mL for suspected opioid overdose. Inject 1mL IM into shoulder or thigh. Repeat after 3 min if no or minimal response. Three formulations:

- 1) 1 x 10mL fliptop vial with IM 23G 3cc syringe, 1 inch. 2 doses (NDC 00409-1219-01)
- 2) 2 x 1mL single dose vial with IM 23G 3cc syringe, 1 inch. 2 doses (NDC 00409-1215-01, NDC 67457-292-02)
- 3) Evzio auto injector (NDC 60842-030-01). Dispense 1 two pack of autoinjectors. (*note: most expensive option*)

For more information about how to prescribe see: <http://prescribetoprevent.org/pharmacists/>

CME/CEU credit eligible online training available at: [http://www.opioidprescribing.com/naloxone\\_module\\_1-landing](http://www.opioidprescribing.com/naloxone_module_1-landing)

## Section III: Outpatient Hospital Pharmacy Distribution

Patients may access naloxone at a hospital outpatient pharmacy through:

- A) Establishment of a pharmacy-based distribution program under standing orders from a hospital prescriber, where the hospital outpatient pharmacist could initiate a prescription
- B) Filling a discharge prescription written by a prescriber

## Section IV: Referral to Community Pharmacy or Access Site

To be utilized when direct distribution, prescribing, or hospital outpatient hospital distribution are not possible

Patients can be given naloxone without a prescription at a community pharmacy participating in a naloxone Collaborative Practice Agreement, which includes all RI Walgreens and CVS pharmacies.

### Resources and Information

**Good Samaritan Legislation-** protects individuals using out of hospital naloxone:

<http://webserver.rilin.state.ri.us/PublicLaws/law12/law12251.htm>

**Prescribe to Prevent** - online resources compiled by prescribers, pharmacists, lawyers, public health workers, and researchers.

[www.prescribetoprevent.org](http://www.prescribetoprevent.org)

**RI Department of Health Opioid Overdose Reporting Regulations** allow for provider naloxone distribution directly to patients and can be accessed at:

<http://www.sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/7738.pdf>

**SAMHSA Opioid Overdose Prevention Toolkit:**

[http://store.samhsa.gov/shin/content//SMA14-4742/Overdose\\_Toolkit.pdf](http://store.samhsa.gov/shin/content//SMA14-4742/Overdose_Toolkit.pdf)

For questions or clarification, contact Elizabeth A. Samuels, MD MPH at [esamuels@lifespan.org](mailto:esamuels@lifespan.org)

<sup>1</sup> CDCP. Drug Overdose in the United States: Fact Sheet. Accessed March 29, 2014 at <http://www.cdc.gov/homeandrecreationalsafety/overdose/facts.html>; CDCP. Wide-ranging OnLine Data for Epidemiologic Research (WONDER) [online]. (2012) Available from URL: <http://wonder.cdc.gov/mortsql.html>.

<sup>2</sup> SAMHSA, Drug Abuse Warning Network, 2009: National Estimates of Drug-Related Emergency Department Visits. HHS Publication No. (SMA) 11-4659, DAWN Series D-35. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.

<sup>3</sup> SAMHSA, Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.

<sup>4</sup> Doe-Simkins M, Walley AY, Epstein A, Moyer P. Saved by the nose: bystander-administered intranasal naloxone hydrochloride for opioid overdose. *Am J Public Health* 2009;99:788-91.

<sup>5</sup> Maxwell S, Bigg D, Stanczykiewicz K, Carlberg-Racich S. Prescribing naloxone to actively injecting heroin users: a program to reduce heroin overdose deaths. *J Addict Dis* 2006;25:89-96.

<sup>6</sup> Walley AY, Xuan Z, Hackman HH, Quinn E, Doe-Simkins M, Sorensen-Alawad A, Ruiz S, Ozonoff A. Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis. *BMJ*. 2013 Jan 30;346:f174.

<sup>7</sup> Piper TM, Stancliff S, Rudenstine S, Sherman S, Nandi V, Clear A, et al. Evaluation of a naloxone distribution and administration program in New York City. *Subst Use Misuse* 2008;43:858-70.

<sup>8</sup> Albert S, Brason FW, Sanford CK, et al. Project Lazarus: community-based overdose prevention in rural North Carolina. *Pain Med*. 2011 Jun;12 Suppl 2:S77-85. 24)

<sup>9</sup> Yokell MA, Green TC, Bowman S, McKenzie M, Rich J. Opioid Overdose Prevention and Naloxone Distribution in Rhode Island. *Med Health R I*. 2011 August ; 94(8): 240-242. 26)

<sup>10</sup> Boisvert RA, Martin LM, Grosek M, Clarie AJ. Effectiveness of a peer-support community in addiction recovery: participation as intervention. *Occup Ther Int*. 2008;15(4):205-20.

<sup>11</sup> Coffin P and Sullivan S. Cost-Effectiveness of Distributing Naloxone to Heroin Users for Lay Overdose Reversal. *Ann Intern Med*. 2013;158:1-9.

<sup>12</sup> Dwyer KH, Walley AY, Sorensen-Alawad A, et al. Opioid Education and Nasal Naloxone Rescue Kit Distribution in the Emergency Department. Abstract presented at ACEP Scientific Assembly 2013; September 18, 2013; Seattle, WA.

<sup>13</sup> Samuels E. Emergency department naloxone distribution: A Rhode Island Department of Health, recovery community, and emergency department partnership to reduce opioid overdose deaths. *RI Med J*. 2014 Oct 1;97(10):38-9.

# Naloxone/911

How to use intranasal naloxone in an overdose

**1**



## Are they breathing? → Call 911 for help

Signs of an overdose:

- Slow or shallow breathing
- Gasping for air when sleeping or weird snoring
- Pale or bluish skin
- Slow heartbeat, low blood pressure
- Won't wake up or respond (rub knuckles on sternum)

Call 911 for help



All you have to say:

"Someone is unresponsive and not breathing."

Give clear address and location.

**2**



## Airway → Rescue breathing

Make sure nothing is inside the person's mouth.

Rescue breathing



Oxygen saves lives. Breathe for them.

One hand on chin, tilt head back, pinch nose closed.

Make a seal over mouth & breathe in

1 breath every 5 seconds

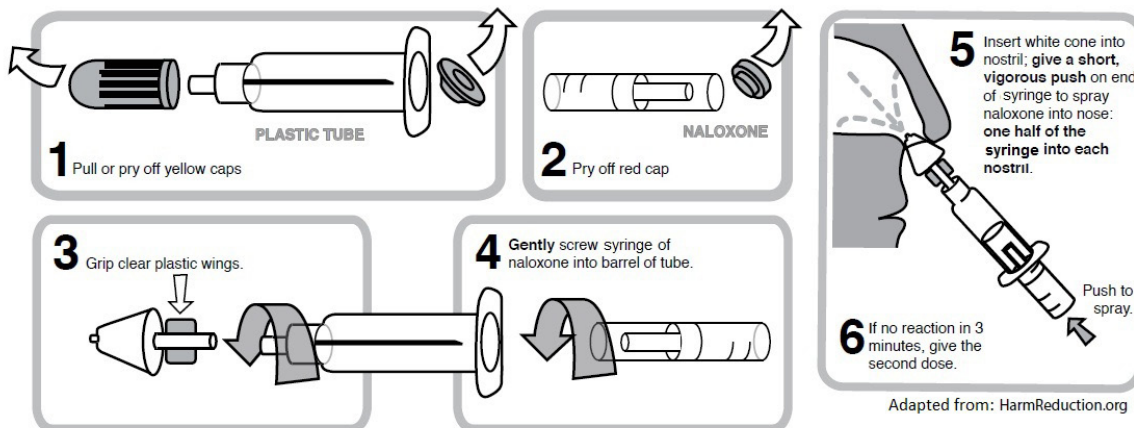
Chest should rise, not stomach

**3**



## Prepare Naloxone

Are they any better? Can you get naloxone and prepare it quickly enough that they won't go for too long without your breathing assistance?



Adapted from: HarmReduction.org

**4**



## Evaluate + support

- Continue rescue breathing
- Place them on their side (rescue position), especially if they are throwing up
- Give another shot of naloxone if they aren't breathing in 5 minutes
- Naloxone wears off in 30-90 minutes
- Comfort them; withdrawal can be unpleasant
- Get them medical care and help them not use more opiate right away
- Encourage survivors to seek treatment if they feel they have a problem

Keep Naloxone at room temperature and away from light.

Anchor Recovery Center  
(401) 721-5100  
<http://www.anchorrecovery.org/>

### How to avoid overdose

- Only take medicine prescribed to you
- Call a doctor if your pain gets worse. Do not take more medicine than instructed
- Never mix pain medicine (opioids) with alcohol or sleeping pills
- Dispose of unused medications safely
- Store your medicine in a secure place
- Learn how to use naloxone
- Teach family and friends to recognize and respond to an overdose

### Risk Factors for Overdose

- Mixing pain medicine (opioids) with alcohol, benzodiazepines, or other drugs
- Lower tolerance due to a period of not using opioids or drugs (after time in jail, a hospital, detox, or drug-free treatment)
- Using drugs by yourself

Source: [prescribetoprevent.org](http://prescribetoprevent.org), HarmReduction.org

# Naloxone/911

Cómo administrar naloxona intranasal en caso de sobredosis

**1**



## Están Respirando? → Llame 911

Señales de una Sobredosis:

- Respiración lenta o poco profunda
- Ronquido raro o jadeo mientras duerme
- Piel pálida o azulada
- Ritmo cardíaco lento, presión arterial baja
- No despierta o no responde, fricciónele el esternón con os nudillos.

Solamente tiene que decir:

"Alguien ha perdido el conocimiento y no respirando."  
De la dirección y ubicación claras.



**2**



## Respiración → Respiración de Rescate

Asegúrese que la persona no tenga nada dentro de la boca.



El oxígeno salva vidas. Respire por la persona.

Con una mano levantele la barbilla para que la cabeza se le eche hacia atrás, presiónese las fosas nasales para bloquear la narie.

Apriete la nariz cerrada y cubra la boca con la suya.

Sople lentamente 1 vez cada 5 segundos

Vigila que su pecho sube y baja con cada respiro

**3**



## Prepare Naloxone

¿Está mejor?

¿Tienes acceso a naloxone y puedes prepararlo rápido para que no esta sin respiración artificial por demasiado tiempo?

**1** Quite la capa amarilla

**2** Quite la capa roja

**3** Apriete las alas de plástico transparente

**4** Retoce la jeringa de Naloxone en el barril del tubo

**5** Inserte como blanco en nariz, de un empuje rápido y fuerte en la punta de la jeringa para atomizar naloxone en la nariz. De mitad de la jeringa en cada ventana de la nariz.

**6** Si no responde en 3 minutos, dele la segunda dosis.

HarmReduction.org

**4**



## Evaluar + Apoyar

- Sigue con las respiraciones artificiales hasta que el naloxone funcione o lleguen los paramédicos
- Coloca la persona de lado (posición de recuperación) , especialmente si están vomitando
- Consuela la persona – retraimiento puede ser incomodo
- Dale la segunda dosis de naloxone si no están respirando después de 3 minutos
- Consigue atención medica y intenta no dejarle usar mas opiato
- Alentar a sobrevivientes buscar tratamiento si sienten que tienen un problema

Mantenga la Naloxona a temperatura ambiente y lejos de la luz

Anchor Recovery Center  
(401) 721-5100  
<http://www.anchorrecovery.org/>

### Como Evitar Sobredosis

- Solamente tome medicina que fue recetada para usted.
- Llame al doctor si los dolores se le empeoraban. No tome más medicina que la indicada.
- Nunca mezcle medicina para el dolor (opioides) con alcohol o pastillas para dormir.
- Deshágase de una manera segura de los medicamentos que ya no usar.
- Guarde su medicina en un lugar seguro.
- Aprenda a usar la naloxona.
- Enséñele a familiares y amigos a reconocer y responder a una sobredosis.

### Factores de Riesgo para Sobredosis

- Mezclar medicina para el dolor (opioides) con alcohol, benzodiazepinas o otras drogas.
- Tolerancia más baja debido a un periodo sin usar opioides o drogas (después de salir de la cárcel, hospital, desintoxicación o tratamiento sin drogas).
- Usando drogas usted a solas.

Sources: [prescribetoprevent.org](http://prescribetoprevent.org), [HarmReduction.org](http://HarmReduction.org)



# Naloxone/911

How to help someone with an overdose

## 1 Are they breathing?



Signs of an overdose:

- Slow or shallow breathing
- Gaspings for air when sleeping or weird snoring
- Pale or bluish skin
- Slow heartbeat, low blood pressure
- Won't wake up or respond (rub knuckles on sternum)

## 2 Call 911 for help



All you have to say:

"Someone is unresponsive and not breathing."

Give clear address and location.

## 3 Airway



Make sure nothing is inside the person's mouth.

## 4 Rescue breathing



Oxygen saves lives. Breathe for them.

One hand on chin, tilt head back, pinch nose closed.

Make a seal over mouth & breathe in

1 breath every 5 seconds

Chest should rise, not stomach

## 5 Evaluate



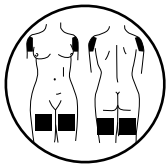
Are they any better? Can you get naloxone and prepare it quickly enough that they won't go for too long without your breathing assistance?

## 6 Prepare naloxone



- Remove cap from naloxone and uncover needle
- Insert needle through rubber plug, with bottle upside down
- Pull back on plunger and take up 1 cc into the syringe
- Don't worry about air bubbles (they aren't dangerous in muscle injections)

## 7 Muscular injection



inject 1cc of naloxone into a big muscle (shoulder or thigh)

## 8 Evaluate + support



- Continue rescue breathing
- Give another shot of naloxone if they aren't breathing in 5 minutes
- Naloxone wears off in 30-90 minutes
- Comfort them; withdrawal can be unpleasant
- Get them medical care and help them not use more opiate right away
- Encourage survivors to seek treatment if they feel they have a problem

## How to Avoid Overdose

- Only take medicine prescribed to you
- Don't take more than instructed
  - Call a doctor if your pain gets worse
- Never mix pain meds with alcohol
- Avoid sleeping pills when taking pain meds
- Dispose of unused medications
- Store your medicine in a secure place
- Learn how to use naloxone
- Teach your family + friends how to respond to an overdose

Anchor Recovery  
Center  
(401) 721-5100

source: [www.prescribtoprevent.org](http://www.prescribtoprevent.org) v01.2012.1