**Take Home Naloxone (THN) for High Risk Patients**

\*\*\* This is a sample clinical protocol developed by a stakeholder committee and the University of Michigan Injury Prevention Center. Sites will need to evaluate whether this is appropriate for their ED and obtain proper committee approval before use. \*\*\*

CLINICAL PROTOCOL: Emergency Department Take Home Naloxone (THN) for High Risk Patients

*Adapted from published protocols – see resources – please adapt as needed to your ED*

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 a frequent problem encountered in the emergency department. Recent studies have shown decreased mortality in communities with take home naloxone (THN) programs. As such, the emergency department provides a promising opportunity for opioid harm reduction measures through overdose education, substance use treatment referral, and THN. This protocol allows for THN 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.

Naloxone is an opioid antagonist which means it displaces the opioid from opioid receptors in the brain, reversing the respiratory depression that occurs during an opioid overdose. Naloxone is safe, effective, and has no potential for abuse. Naloxone has been used by paramedics in ambulances and by emergency room clinicians since the 1960s. Naloxone is not a controlled substance, but it is a prescription medication. In Michigan, it can be dispensed by a Pharmacy without a prescription.

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.

***+++ Consider who in your ED might be able to fulfill each aspect of the protocol. +++***

1. Recognition of the At-Risk Patient

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

1. Current or recent heroin use, or any intravenous drug use.
2. History of emergency medical care for intoxication or overdose.
3. Just released from incarceration or institutionalization with history of opioid addiction.
4. A morphine equivalent dosage of >50mg oral morphine per day.
5. Prescribed opiates or opioid use greater than 30 days. MAPS should be checked.
6. Co-morbid substance use and/or psychiatric disorder or history of suicide attempt.
7. Concomitant prescribing of opioids with benzodiazepines or other sedatives (i.e. antipsychotics, carisoprodol, antihistamine, clonidine, gabapentin, quetiapine, and promethazine).
8. Patients taking opioids not prescribed to them.
9. Opioid use with certain concurrent diseases such as: renal dysfunction, liver disease, sleep apnea, COPD, or other respiratory/airway disease that can lead to airway obstruction.
10. Patients who may have difficulty accessing emergency medical services (distance, remoteness, lack of transportation, homeless or without phone services).
11. Households with people at risk of overdose, such as children or someone with a substance use disorder.
12. If patient or family member asks for a kit.

Approximate daily doses equal to 50 mg and 100 mg oral morphine equivalents:

Medication 50 mg MME 100 mg MME

Fentanyl TD 20 mcg 40 mcg

Methadone 12 mg 20 mg

Hydromorphone 12.5 mg 25 mg

Oxycodone 33.5 mg 67 mg

Hydrocodone 50 mg 100 mg

Tramadol 250 mg 500 mg

1. 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.

***+++ Look at the Safer Prescribing Toolkit for potential scripts and handouts***

***for patients regarding Naloxone – the approach should be non-judgmental***

***and focused on safety and harm reduction.***

***Naloxone is like an EpiPen or Sugar Tablets – life saving in the case of***

***an unexpected but life threatening event. +++***

1. Discharge Naloxone Prescription

Prior to discharge, the provider will write a prescription for naloxone to be filled by the \*\*\* Pharmacy, see example below. Other prescriptions can be given to patient in usual fashion.

***+++ Be careful not to bill patients for naloxone that***

***was obtained from a grant or from the state. +++***

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

**Intranasal:**

**Rx= Narcan nasal spray**

**Unit: 4 mg**

**Disp: one carton (2 devices)**

**Sig: For suspected opioid overdose, spray the contents of one device in either nostril,**

**may repeat after 3 minutes if no or minimal response.**

1. Discharge Teaching about Naloxone

***There are excellent print pamphlets and a lot of good information on*** [***www.overdoseaction.org***](http://www.overdoseaction.org)

1. If you have an outpatient pharmacy, naloxone teaching can be done by the outpatient pharmacist. The outpatient pharmacist will provide naloxone drug information, a brochure to instruct the patient how to respond during an overdose.
2. If you do not have an outpatient pharmacy or if they are closed, naloxone teaching can be done by the RN or physician involved in the patient’s care. Naloxone teaching should be done in-person, as well as with written instructions, and is estimated to take 5-10 minutes.
3. Referral to SUD Services / Social Work Consult

If possible, Social Work should see all patients requesting chemical dependency resources. SW can provide written resources as needed and help patients make contact with SUD providers. If available, Peer Recovery Coaches are a powerful adjunct to help patients engage in treatment and maintain sobriety.

PHYSICIAN REFERRAL FOR SUBSTANCE USE DISORDER (Senate Bill 273, Public Act 250 of 2017) - Effective March 27, 2018

Any physician who treats a patient for an opioid-related overdose is required to provide information to the patient on “substance use disorder services.”

1. Discharge Instructions

***There are excellent print pamphlets and a lot of good information on*** [***www.overdoseaction.org***](http://www.overdoseaction.org)

The script should include print material with diagrams / pictures of the rescue position and how to administer Naloxone. Ideally a video or referral to a video demonstrating the use of naloxone should be shown.

At time of discharge, the provider or nursing should highlight the following naloxone instructions:

1. Check for signs and symptoms of opioid overdose

2. If unresponsive, call 911.

3. Give intranasal naloxone as instructed

**Electronic Health Record (EHR) Smart Phrase Example for Naloxone . . .**

You were seen in the \*\*\* ED today for symptoms (sleepiness, confusion, slow breathing, \*\*\*) concerning for a narcotic overdose.

You can accidentally overdose on prescriptions that are given to you by your doctor to treat pain just like you can overdose on street drugs.

NARCAN (NALOXONE) is the antidote for narcotics - you are being given a prescription for this medicine today - please let your family and friends (close contacts) know where it will be stored.

In case of an overdose, this medicine could save your life by buying you time until EMS gets to you.

Symptoms of an opioid overdose include:

* Slow or no breathing
* Gurgling, gasping, or snoring
* Clammy, cool skin
* Blue lips or nails

If they see any of these symptoms, your family or friends should call 911 and administer the medicine.

If you see someone that you are concerned may be having an overdose, please use this medicine for them. Michigan has a Good Samaritan law that will protect you as you try to save a life.

Interactive map to find pharmacies approved to dispense Naloxone w/o a Rx:

[http://www.michigan.gov/mdhhs/0,5885,7-339-71550\_2941\_4871\_79584\_80133\_80135\_80309-426713--,00.html](http://www.michigan.gov/mdhhs/0%2C5885%2C7-339-71550_2941_4871_79584_80133_80135_80309-426713--%2C00.html)

**Web sites for further information:**

Take Action: <https://www.overdoseaction.org/>

Get Naloxone Now: Save a Life <https://www.getnaloxonenow.org/#home>

Washtenaw Heath Initiative: <http://www.whiopioidproject.org/>

General information video from the manufacturer of nasal Narcan: <https://www.youtube.com/watch?v=tGdUFMrCRh4>

Video for how to use the nasal spray:

<https://www.youtube.com/watch?v=xa7X00_QKWk>

**RESOURCES:**

Michigan Standing Order Information Packet-Naloxone Prescription for Opioid

<https://www.michigan.gov/documents/mdhhs/Standing_Order_571880_7.pdf>

Take Action: excellent print resources for Naloxone upon discharge and training materials for staff

<https://www.overdoseaction.org/>

Prescribe to Prevent

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

Get Naloxone Now: Save a Life

<https://www.getnaloxonenow.org/#home>

Harm Reduction Coalition

<https://harmreduction.org/>

Stop Overdose: Washington State resource

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

National Organization of State Offices of Rural Health: Rural Opioid Educational Resources

<https://nosorh.org/rural-opioid-resources/>

Webinar: ACEP: E\*QUAL: Emergency Quality Network

 Opioid Initiative Wave I – Overdose Prevention & Naloxone Distribution

<https://www.acep.org/contentassets/7c78d4de4f174ecb966efb8fd58aab28/webinar_opioidsw1_11oend.pdf>

Website: ACEP: E-QUAL Network Opioid Initiative

[https://www.acep.org/administration/quality/equal/emergency-quality-network-e-qual/e-qual-opioid-initiative](https://www.acep.org/administration/quality/equal/emergency-quality-network-e-qual/e-qual-opioid-initiative/)

University of Michigan: Opioid Solutions

<https://opioids.umich.edu/>

University of Michigan: Injury Prevention Center - - Opioids and Overdose

<http://injurycenter.umich.edu/opioid-overdose/>

M-OPEN: Michigan Opioid Prescribing Engagement Network

<https://michigan-open.org/>

Article: Gunn, Alexander H et al. “The Emergency Department as an Opportunity for Naloxone Distribution.” *The Western Journal of Emergency Medicine*. 2018; 19, 6: 1036-1042.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6225944/pdf/wjem-19-1036.pdf>

Article: Samuels EA, Baird J, Yang ES, Mello MJ. Adoption and Utilization of an Emergency Department Naloxone Distribution and Peer Recovery Coach Consultation Program. *Academic Emergency Medicine*. 2019; 26: 160– 173.

<https://onlinelibrary.wiley.com/doi/full/10.1111/acem.13545>