



Managing Pain Safely Naloxone Toolkit

Partnership HealthPlan of
California

Contact:

Danielle Niculescu
Project Manager
Quality Improvement Department
Partnership HealthPlan of California
(707) 420-7617
DNiculescu@partnershiphp.org

Partnership HealthPlan of California

Naloxone Toolkit

Table of Contents

Section - Naloxone Information for Primary Care Providers	Page Number
Guidelines for Primary Care Physicians	3
Site Level Naloxone Program Recommendations	5
Site Level Naloxone Program Workflow Recommendations	6
Naloxone for Opioid Safety, a Providers Guide to Prescribing Naloxone	7
Naloxone Training	19
Section - Naloxone Information for Pharmacies	Page Number
Information for Pharmacies	35
Section - Naloxone Information for Patients	Page Number
Know the Risks	24
Opioid Safety and How to Use Naloxone	25
Emergency Response for Opioid Overdose	27

Purpose: The purpose of this kit is to provide resources to provider sites, pharmacists, and community partners to assist in developing a site level Naloxone program.

Resource material found in this toolkit is public domain.

For additional resources related to Naloxone, please visit <http://prescribetoprevent.org/>.

Indications for Prescription

- Prescribe naloxone for patients on long term, high dose opioids (a dose of at least 120mg MED, with having consistent opioid prescriptions for at least the previous three months)
- Prescribe for patients with concomitant prescriptions for benzodiazepines
- Prescribe for patients with known concomitant alcohol use

How to Prescribe Naloxone

- Offer naloxone/ discuss opioid safety
- Select formulation/prescribe (for nasal administration, naloxone 2mg/2ml prefilled syringe)
- Educate patient and distribute Naloxone Fact Sheet provided by PHC
- Assist pharmacy in dispensing/billing

Formulation

- Naloxone 2mg/2ml prefilled syringe, spray ½ into each nostril if overdose. Call 911. Repeat if necessary

Provider and Patient Protections

- **Provider**
 - Naloxone prescriptions also **can be written directly to third party individuals** who are in a position to witness and assist a person at risk of an opioid overdose
 - A licensed healthcare prescriber can issue a standing order for the dispensing of naloxone by healthcare or community workers to individuals at risk of experiencing or witnessing an overdose
 - Lay persons can possess and administer naloxone to others during an overdose situation
- **Good Samaritan Protection (CA AB472 effective 9/17/12)**
 - Witnesses of an overdose who seek medical help are provided legal protection from arrest and prosecution for minor drug and alcohol violations
- **Pharmacists**
 - Pharmacists are allowed to directly prescribe and dispense naloxone to patients at risk of experiencing or witnessing an opioid overdose (CA AB1535 effective 1/1/15- pending pharmacy and medical board agreement on regulations)

Billing

- Naloxone is covered by MediCal as a “carve-out”. Submit bill directly to fee-for-service MediCal. Do NOT send a PA to the HMO plan
- Atomizer will be provided by PHC

***Information gathered from prescribetoprevent.org*

Key Conversation Tips

- Instead of using the word “overdose” consider using language like “accidental overdose”, “bad reaction”, or “opioid safety”
- Opioids can sometimes slow or even stop your breathing
- Naloxone is the antidote to opioids- to be sprayed in the nose if there is a bad reaction where you can’t be woken up
- Naloxone is for opioid medications like epinephrine pen is for someone with an allergy

Educate Patient

- When should they use naloxone
- How do they use the device
- Ensure someone else knows when and how to use it
- Once naloxone is used, patient should be taken to the ED, as the naloxone can wear off before the remaining opioid

Ordering

Intranasal- NDC#76329-3369-01

- 2mg/2mL naloxone is available from IMS/Amphastar (NDC 76329-3369-1). (This is the concentration that is to be used for IN administration)
- A complete naloxone kit should have a minimum of two doses of naloxone and two delivery devices

Billing

- Naloxone is covered by Medi-Cal as a “carve-out”. Submit bill directly to fee-for-service Medi-Cal. Do not send a PA to the HMO plan.
- The atomizer will be provided by PHC

Storage

- Naloxone should be stored at room temperature and protected from sunlight
- Extreme and repeated temperature fluctuations have been shown to degrade the medication over time. Avoid temperature variations as much as possible

Side Effects

- Anxiety, sweating, nausea/vomiting or shaking. Talk to your doctor if these occur. *This is not a complete list of possible side effects. If you notice other effects not listed, contact your doctor or pharmacist.*

***Information gathered from prescribeto prevent.org*

Partnership HealthPlan of California

Site Level Naloxone Program Recommendations

Following is a list of considerations and recommendations from the pilot program.

Considerations

- Form a naloxone subcommittee to create the protocol and procedures for your naloxone program.
 - Potential members include your site's medical director, an RN, or PCP assigned to the program, the lead drug and alcohol counselor, an operational representative, and a Suboxone program manager, if applicable
- Create an EHR template before your project start date
- Third Party Prescribing- Naloxone prescriptions can be written directly to third party individuals who are in a position to witness and assist a person at risk of an opioid overdose
- Add the prescription to the short list in order to facilitate easier ordering
- Add a "*smart phrase*" to document the Naloxone/ Atomizer prescription in the chart
- Stapling the (2) Atomizers to the patient informational sheet(s)
- Write and send the prescription in the EHR prior to seeing the patient
- Distribute a pharmacy fact sheet (provided in the resource material) to patients if going to an outside pharmacy

High Risk Patient Thresholds Others Have Considered

- Any patient over 45mg MED
- Any patient with concomitant benzodiazepine prescriptions
- Any patient who admits using illicit drugs
- Any patient who is a heavy user of alcohol
- Any patient in a Suboxone program

Recommended Workflows

See the attached recommended workflows

Demo Kits

To request a prefilled syringe to make a demo kit, please contact:

Michael Schinler

Sales Supervisor

Amphastar Pharmaceuticals, Inc.

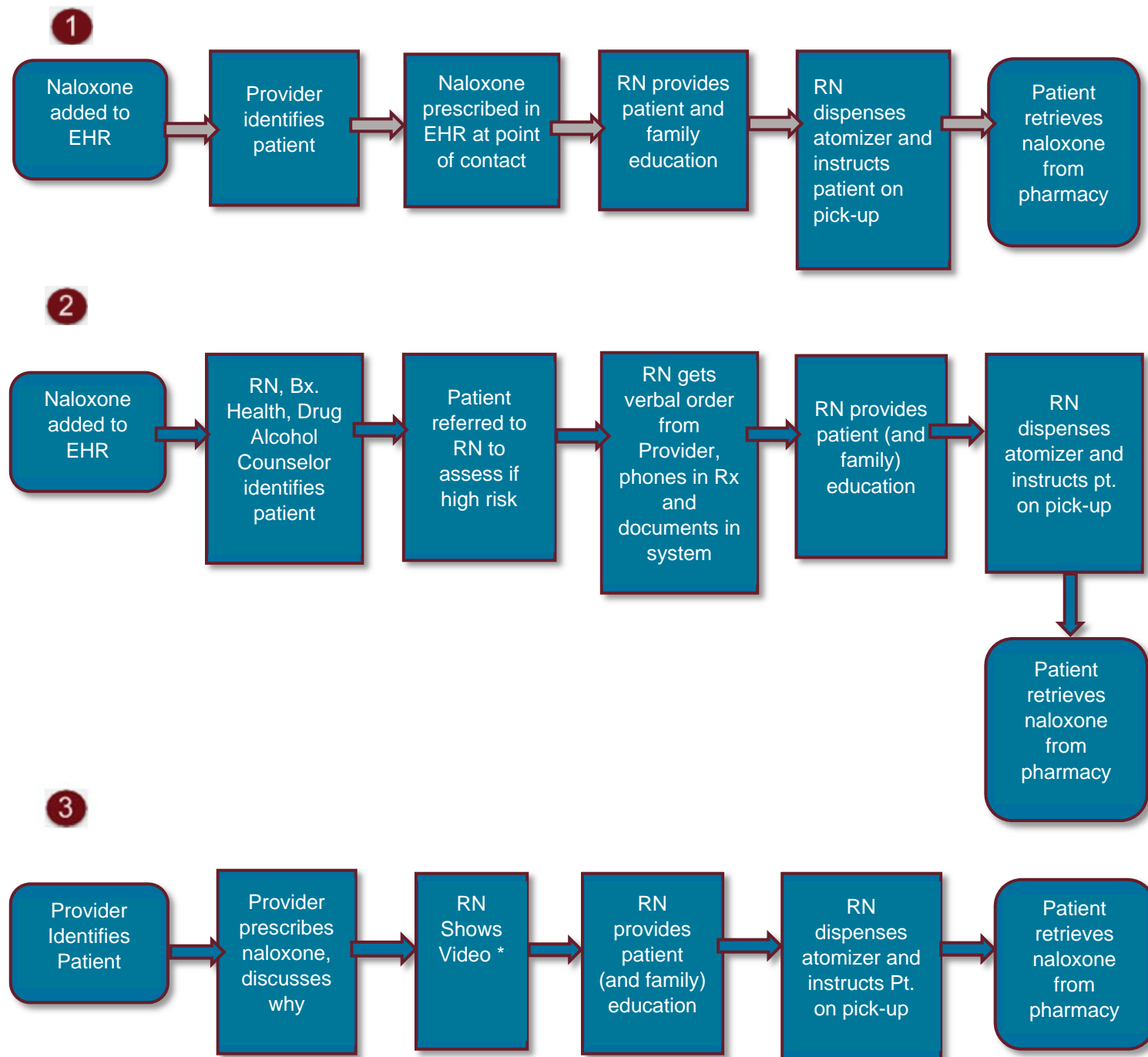
Email - michaelsc@amphastar.com

Telephone - (800) 423-4136 ext. 5291

Partnership HealthPlan of California

Site Level Naloxone Program Workflow Recommendations

Following are suggested workflows generated from the pilot program.



*Naloxone video used: <https://youtu.be/Jis6NIZMV2c>

Naloxone for opioid safety



A provider's guide to prescribing
naloxone to patients who use opioids

Overdose is the leading cause of injury-related death in the U.S.

100 PEOPLE DIE FROM DRUG OVERDOSE EVERYDAY IN THE UNITED STATES.

FIGURE 1. DEATH BY LEADING CAUSE OF INJURY (PER 100,000)¹

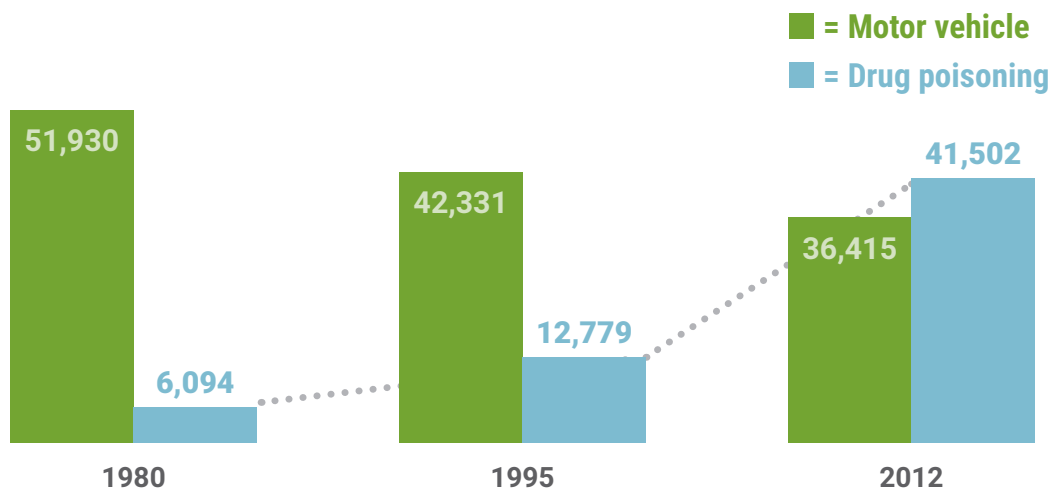
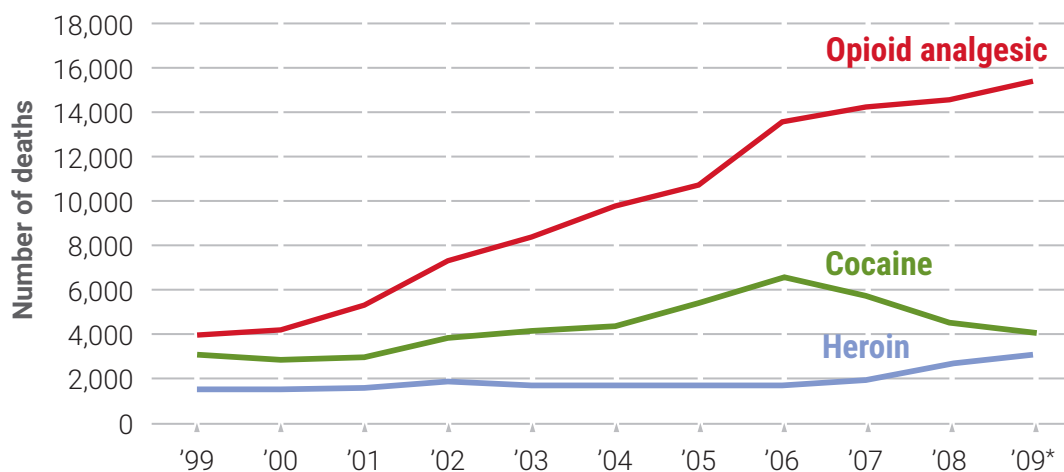


FIGURE 2. OVERDOSE DEATH BY DRUG TYPE²



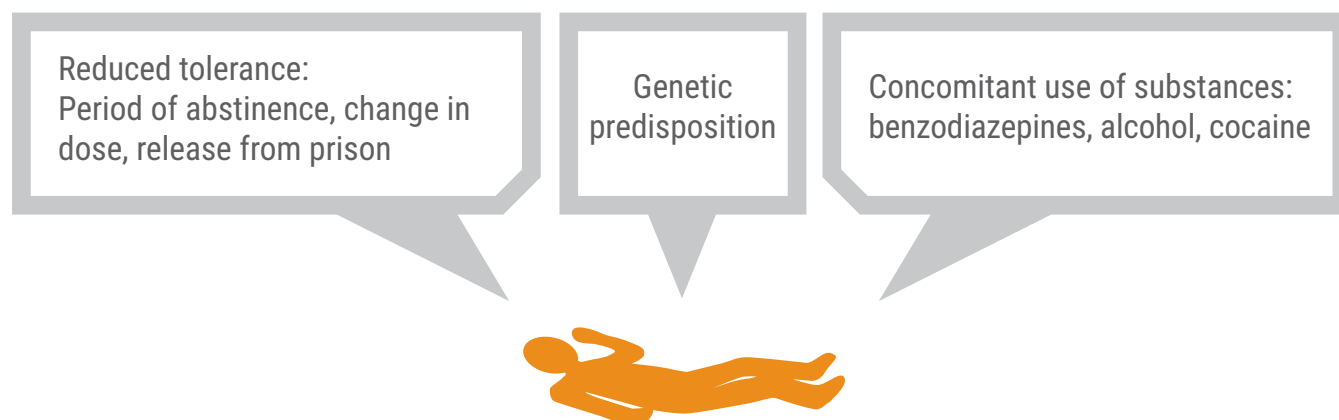
Opioid analgesics accounted for over 16,000 deaths in 2010.

* The reported 2009 numbers are underestimates. Some overdose deaths were not included in the total for 2009 because of delayed reporting of the final cause of death.

Accidental opioid overdose is preventable

The main risk of death from an opioid overdose is prior overdose. A patient who has previously overdosed is 6 times more likely to overdose in the subsequent year.³

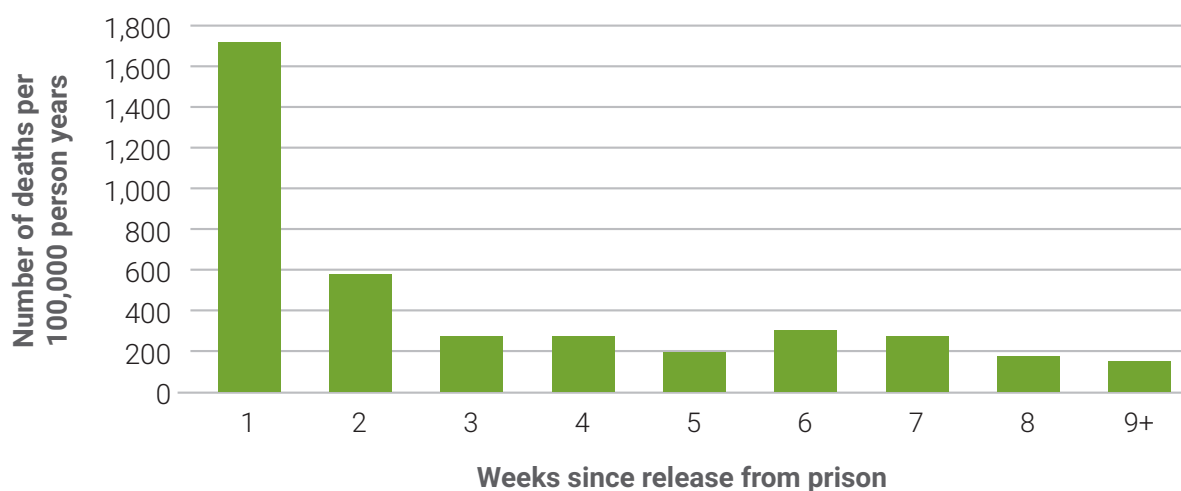
OTHER FACTORS THAT INCREASE RISK OF OVERDOSE:



» The majority of opioid overdose deaths involve at least one other drug, including benzodiazepines, cocaine or alcohol.⁴

FIGURE 3. OVERDOSE MORTALITY RATE BY WEEK SINCE PRISON RELEASE:

An example of overdose risk if opioids are discontinued and restarted⁵

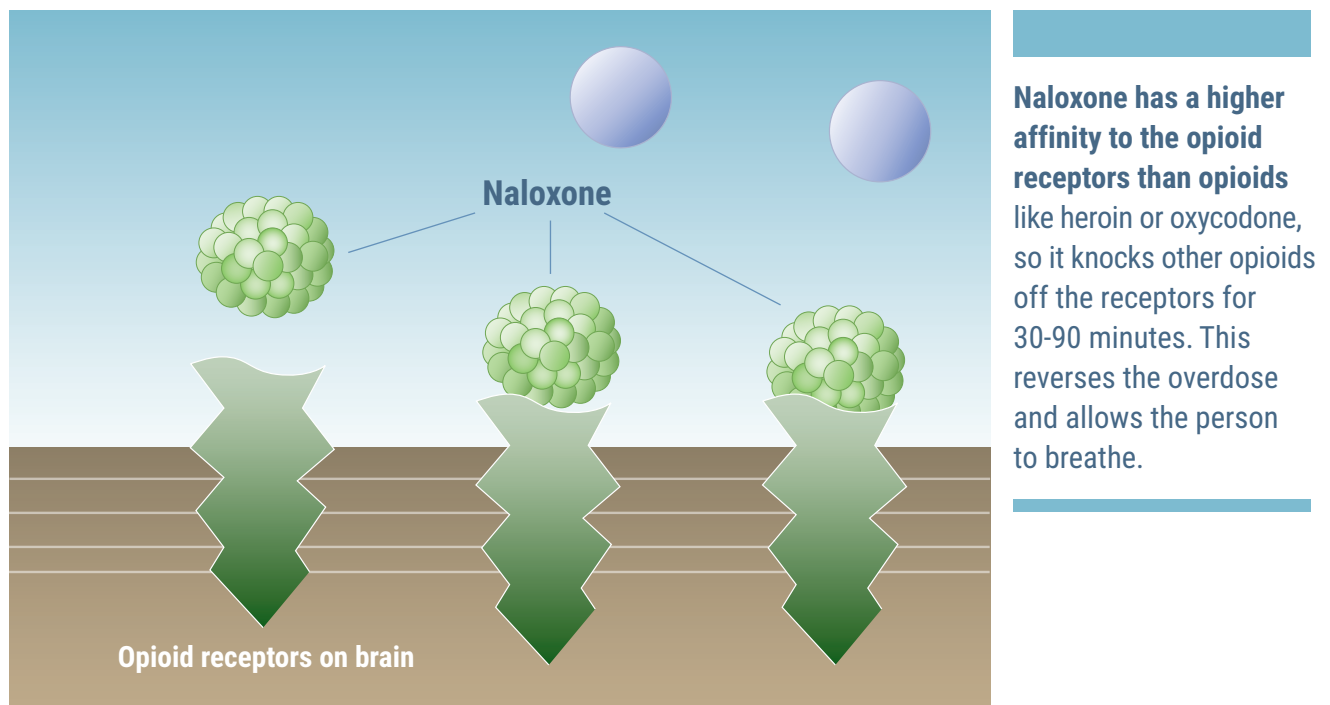


When a patient reduces or stops opioid use, there is an increased risk of overdose death if opioid use increases again.

Naloxone

- Highly specific, high-affinity opioid antagonist used to reverse the effects of opioids.
- Can be safely administered by laypersons via intramuscular or intranasal* routes, with virtually no side effects and no effect in the absence of opioids.
- Effects last 30-90 minutes; usually sufficient for short-acting opioids but help should always be sought.
- While high doses of intravenous naloxone by paramedics have been associated with withdrawal symptoms, lower lay-administered doses produce much more mild symptomatology.⁶

FIGURE 4. NALOXONE MECHANISM OF ACTION⁷



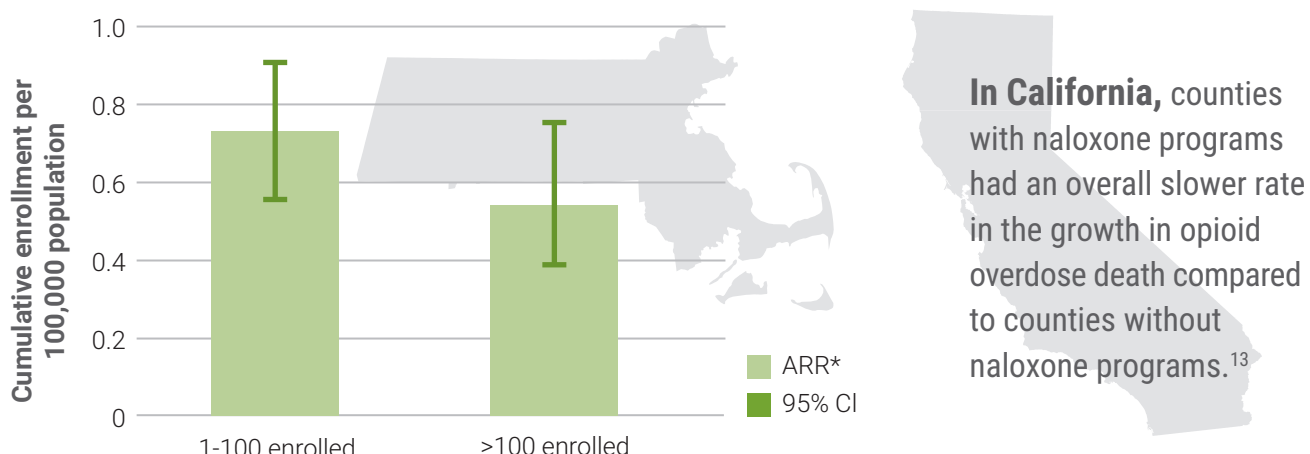
The American Medical Association has endorsed the distribution of naloxone to anyone at risk for having or witnessing an opioid overdose.⁸

There are 240 sites across 18 states that prescribe or distribute naloxone. Since 1996, naloxone has been distributed to over 53,000 people and more than 10,000 overdose reversals have been reported.⁹

* Intranasal is off-label but is supported by the American Medical Association and has become the preferred route for many emergency responders.^{10, 11, 12}

Naloxone is effective

FIGURE 5. FATAL OPIOID OVERDOSE RATES BY NALOXONE IMPLEMENTATION IN MASSACHUSETTS¹⁰



* Adjusted Rate Ratios (ARR) adjusted for population age <18, male; race/ethnicity; below poverty level; medically supervised inpatient withdrawal, methadone and buprenorphine treatment; prescriptions to doctor shoppers, year

...and cost-effective¹⁴

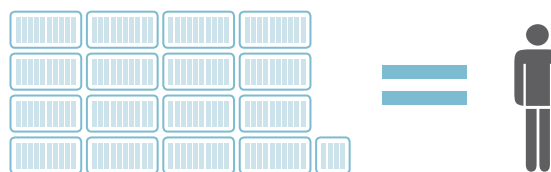
A manuscript in the *Annals of Internal Medicine* indicated that providing naloxone to heroin users is robustly cost-effective and possibly cost-saving. Investigators believe similar results apply to other opioid users.

Cost:



Benefit:

164 naloxone scripts = 1 prevented death



Emerging data suggests that providing naloxone may encourage patients to be safer with their opioid use. If this is the case, the intervention would be cost-saving and **36 prescriptions** would prevent one death.

Indications for naloxone prescription

CONSIDER OFFERING A NALOXONE PRESCRIPTION TO:

- All patients prescribed long-term opioids
- Anyone otherwise at risk of experiencing or witnessing an opioid overdose

WHY PRESCRIBE TO ALL PATIENTS ON LONG-TERM OPIOIDS?

It is difficult to predict which patients who take prescription opioids are at risk for overdose.

Many patients do not feel they are at risk for overdose. Prescribing to all patients on opioids will help patients understand naloxone is being prescribed for risky drugs, not risky patients.

About 40% of overdose deaths result from diverted medications.¹⁵ Whether intentional or unintentional, diverted opioids are a serious risk. Co-prescribing naloxone increases the chance that the antidote will remain with the medication.

Potential behavioral impact

Being offered a naloxone prescription may lead to safer opioid use.

U.S. army base Fort Bragg in North Carolina averaged 8 overdoses per month. After initiating naloxone distribution, the overdose rate dropped to zero—with no reported naloxone use.¹⁶

"[W]hen I prescribe naloxone...there's that realization of how important this is and how serious this is in their eyes." —US army Fort Bragg primary care provider

Selected San Francisco Health Network clinics began co-prescribing naloxone to patients on opioids in 2013.

"I had never really thought about [overdose] before...it was more so an eye opener for me to just look at my medications and actually start reading [about] the side effects, you know, and how long should I take them...I looked at different options, especially at my age."

—San Francisco patient¹⁷

Offering a naloxone prescription can increase communication, trust and openness between patients and providers.

"By being able to offer something concrete to protect patients from the danger of overdose, I am given an opening to discuss the potential harms of opioids in a non-judgmental way."

—San Francisco primary care provider¹⁸

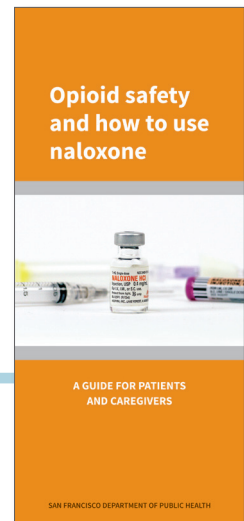
How to educate patients on naloxone

Clinic staff can educate patients about naloxone.

Education generally includes:

- When to administer naloxone
- How to administer naloxone (including demonstration)
- Informing patients to alert others about the medication, how to use it and where it's kept, as it is generally not self-administered

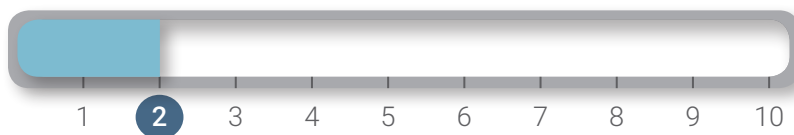
Brochures remind patients and caregivers how to manage an overdose. Example brochures can be found at www.prescribeprevent.org.



OPIOID SAFETY LANGUAGE

The word “overdose” has negative connotations and prescription opioid users may not relate to it.

Patients prescribed opioids (including high-risk persons with a history of overdose) reported their risk of “overdose” was 2 out of 10.¹⁹



Instead of using the word “overdose,” consider using language like “accidental overdose,” “bad reaction” or “opioid safety.” You may also consider saying:

“Opioids can sometimes slow or even stop your breathing.”

“Naloxone is the antidote to opioids—to be [sprayed in the nose/injected] if there is a bad reaction where you can’t be woken up.”

“Naloxone is for opioid medications like an epinephrine pen is for someone with an allergy.”

State law encourages naloxone prescribing

Naloxone is NOT a controlled substance. **Any licensed healthcare provider can prescribe naloxone.** California State law provides additional protections to encourage naloxone prescribing and distribution:



PROVIDER AND PATIENT PROTECTIONS (CA AB635 effective 1/1/14)

- **Providers are encouraged to prescribe naloxone** to patients receiving a chronic opioid prescription.
- **Naloxone prescriptions also can be written directly to third party individuals** (caregivers, family members, friends, etc.) who are in a position to witness and assist a person at risk of an opioid overdose.
- **A licensed healthcare prescriber can issue a standing order** for the dispensing of naloxone by healthcare or community workers to individuals at risk of experiencing or witnessing an overdose.
- **Lay persons can possess and administer naloxone** to others during an overdose situation.

GOOD SAMARITAN PROTECTION (CA AB472 effective 9/17/12)

- **Witnesses of an overdose who seek medical help are provided legal protection** from arrest and prosecution for minor drug and alcohol violations.

PHARMACIST PROVISION OF NALOXONE (CA AB1535 effective 1/1/15*)

- **Pharmacists are allowed to directly prescribe and dispense naloxone** to patients at risk of experiencing or witnessing an opioid overdose.



* Pending pharmacy and medical board agreement on regulations.

Examples of how to prescribe naloxone

INJECTABLE

- Naloxone 0.4mg/1ml IM if overdose. Call 911. Repeat if necessary. #2
- IM syringes (3ml 25g 1" syringes are recommended) #2



INTRANASAL (OFF-LABEL)

- Naloxone 2mg/2ml prefilled syringe, spray ½ into each nostril if overdose. Call 911. Repeat if necessary. #2
- MAD (Mucosal Atomization Device) nasal adapter

Atomizer access is complicated.

Select pharmacies now carry the atomizer, but most still have trouble accessing it.

Insurers may require a TAR for reimbursement.



AUTO-INJECTOR

- Naloxone auto-injector 0.4mg #1 two pack, use PRN for suspected opioid overdose

SBIRT CODES COVER TRAINING (per 15 min intervals)

MediCare: G0396

MediCal: H0050

Commercial: CPT99408

Pharmacy access

All pharmacies can fill naloxone prescriptions, but naloxone is new for many pharmacists so some may not know how. If a pharmacist is unsure how to fill a naloxone prescription, the information outlined on this page may be helpful.

ORDERING:

- Injectable: **Hospira** NDC#00409-1215-01; **Mylan** NDC#67457-292-00
- Intranasal: NDC#76329-3369-01
- MAD (atomizer) nasal devices produced by Teleflex*
- Auto-injector: NDC#60842-030-01

BILLING:

- Naloxone is covered by MediCal (as a “carve-out” so submit directly to FFS MediCal—do NOT send a PA to the HMO plan), and many other plans
- The MAD does not have an NDC, therefore cannot be billed through usual pharmacy billing routes. Pharmacies may be willing to cover the cost of the MAD or patients may be requested to pay for the cost of the MAD, which is around \$5 per atomizer.

COUNSELING:

- Instruct patients to administer if non-responsive from opioid use and how to assemble for administration.
- Include family/caregivers in patient counseling or instruct patients to train others.

SIDE EFFECTS: Anxiety, sweating, nausea/vomiting or shaking. Talk to your doctor if these occur. This is not a complete list of possible side effects. If you notice other effects not listed, contact your doctor or pharmacist.

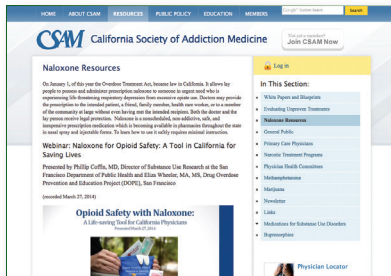
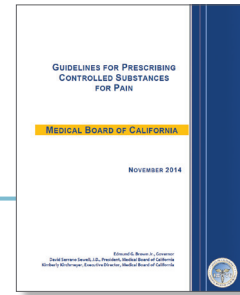
* Contact Michelle Geier, PharmD, with questions or concerns related to pharmacies, at (415) 503-4755 or michelle.geier@sfdph.org



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Resources

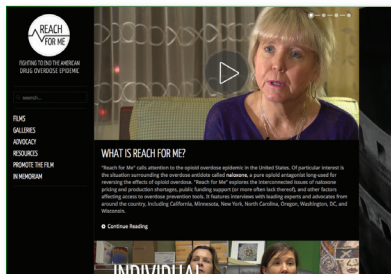
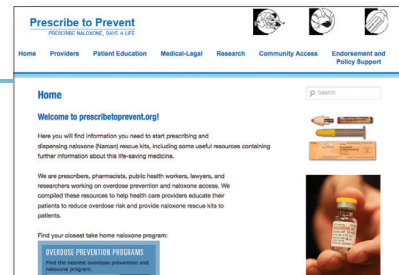
Medical Board of California: Guidelines for Prescribing Controlled Substances for Pain: www.mbc.ca.gov/Licensees/Prescribing/Pain_Guidelines.pdf



California Society of Addiction Medicine:

Naloxone resources for providers, naloxone legal status, webinars and trainings: www.csam-asam.org/naloxone-resources

Prescribe to Prevent: Clinic-based prescribing information and guidelines: www.prescribetoprevent.org



Reach for Me: Film and resource materials for advocates, families and providers: www.reach4me.org

References

- (1) Warner M, Chen LH, Makuc DM, Anderson RN, Minino AM. Drug poisoning deaths in the United States 1980–2008. National Center for Health Statistics. 2011;(81):1–8. Updated with Jones, C.M. Prescription Drug Abuse and Overdose in United States. Presented at: Third Party Payer and PDMP Meeting. 2012. (2) National Vital Statistics System. United States Department of Health and Human Services. Center for Disease Control and Prevention, National Center for Health Statistic. Multiple Cause of Death on CDC WONDER Online Database. Released 2012. (3) Darke S, Williamson A, Ross J, Teesson M. Non-fatal heroin overdose, treatment exposure and client characteristics: findings from the Australian treatment outcome study (ATOS). *Drug Alcohol Rev.* 2005;24(5):425–32. (4) Policy Impact: Prescription Painkiller Overdoses. Center for Disease Control and Prevention website. www.cdc.gov/homeandcommunitysafety/rxbrief/. Updated Jul 2013. Accessed Dec 2014. (5) Binswanger IA, Blatchford PJ, Mueller SR, Stern MF. Mortality after prison release: opioid overdose and other causes of death, risk factors, and time trends from 1999 to 2009. *Ann Intern Med.* 2013;159(9):592–600. (6) Enteen L, Bauer J, McLean R, Wheeler E, Hurlaux E, Kral AH, et al. Overdose prevention and naloxone prescription for opioid users in San Francisco. *J Urban Health.* 2010;87(6):931–41. (7) Understanding Naloxone. Harm Reduction Coalition website. www.harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/. Accessed Dec 2014. (8) AMA adopts new policies at annual meeting: promoting prevention of fatal opioid overdose. American Medical Association website. www.ama-assn.org/ama/pub/news/news/2012-06-19-amaadopts-new-policies.page. Jun 2012. Accessed Dec 2014. (9) Community-Based Opioid Overdose Prevention Programs Providing Naloxone—United States, 2010. Centers for Disease Control and Prevention website. www.cdc.gov/mmwr/pdf/wk/mm6106.pdf. Feb 2012. Accessed Dec 2014. (10) Walley AY, Xuan Z, Hackman HH, Quinn E, Doe-Simkins M, Sorensen-Alawad A, et al. Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis. *BMJ.* 2013;346. (11) Barton ED, Colwell CB, Wolfe T, Fosnocht D, Gravitz C, Bryan T, et al. Efficacy of intranasal naloxone as a needleless alternative for treatment of opioid overdose in the prehospital setting. *J. Emerg. Med.* 2005;29(3):265–71. (12) Kerr D, Kelly AM, Dietze P, Jolley D, Barger B. Randomized controlled trial comparing the effectiveness and safety of intranasal and intramuscular naloxone for the treatment of suspected heroin overdose. *Addiction.* 2009;104(12):2067–74. (13) Davidson PJ, Wheeler E, Proudfoot J, Xu R, Wagner K. Naloxone distribution to drug users in California and opioid related overdose death rates. Unpublished manuscript; 2014. (14) Coffin PO, Sullivan SD. Cost-effectiveness of distributing naloxone to heroin users for lay overdose reversal. *Ann Intern Med.* 2013;158(1):1–9. (15) Hirsch A, Proescholdbell SK, Bronson W, Dasgupta N. Prescription histories and dose strengths associated with overdose deaths. *Pain Med.* 2014;15(7):1187–95. (16) Role of Naloxone in Opioid Overdose Fatality Prevention. Food and Drug Administration website. www.fda.gov/downloads/Drugs/NewsEvents/UCM304621.pdf. 2012;339–340. Accessed Dec 2014. (17) Patient Interview. Naloxone for Opioid Safety Evaluation. San Francisco Department of Public Health. Dec 2014. (18) Primary Care Provider Interview. Naloxone for Opioid Safety Evaluation. San Francisco Department of Public Health. Jul 2014. (19) Patient Interviews. Naloxone for Opioid Safety Evaluation. San Francisco Department of Public Health. Oct 2013–Dec 2014.

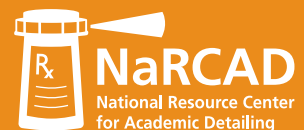
About this publication

This publication was produced by the San Francisco Department of Public Health. Support was provided by the National Resource Center for Academic Detailing (NaRCAD). No pharmaceutical company resources were used in the development of these materials and authors (Phillip Coffin MD, Assistant Clinical Professor of HIV/AIDS at University of California San Francisco, and Emily Behar MS) deny any financial conflicts of interest.

The recommendations contained in this brochure are general and informational only; specific clinical decisions should be made by providers on an individual case basis.



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



This publication is in the public domain and may be copied or reproduced without permission.
Suggested citation: San Francisco Department of Public Health. *Naloxone for opioid safety: a provider's guide to prescribing naloxone to patients who use opioids*. January 2015.

Design and layout: Amy Braddock

NALOXONE INTRANASAL SPRAY



Natasha Levchenko, BSN, PHN
 Clinical Nurse Leader student
 University of San Francisco Master of Science in Nursing

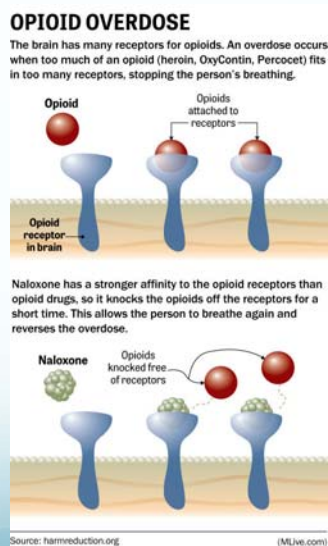
June 2016

WHAT IS NALOXONE?

- ❖ Naloxone, or Narcan (brand name), is an opioid antagonist used to reverse opioid overdose
- ❖ “Antidote” to accidental opioid overdose
- ❖ Temporarily blocks opiate receptors on cells (stronger affinity to receptors than opioids)
- ❖ Administration
 - Intravenous (IV)
 - Intramuscular (IM)
 - Intra-osseous (IO)
 - **Intranasal (IN)**
- ❖ All routes are effective
- ❖ Intranasal administration is safe, efficient, and effective (no risk of needlesticks)- **quick and easy**

NALOXONE

- IT WORKS!!!!
- IT REVERSES OPIOID OVERDOSE



COMMON OPIOIDS

- ❖ Hydrocodone (Vicodin, Lorcet, Lortab, Norco, Zohydro)
- ❖ Oxycodone (Percocet, Oxycontin, Roxicodone, Percodan)
- ❖ Morphine (MS Contin, Kadian, Embeda, Avinza)
- ❖ Codeine (Tylenol with Codeine, Tylenol # 3, TyCo)
- ❖ Fentanyl (Duragesic)
- ❖ Hydromorphone (Dilaudid)
- ❖ Oxymorphone (Opana)
- ❖ Meperidine (Demerol)
- ❖ Methadone (Dolophine, Methadose)
- ❖ Buprenorphine (Suboxone, Subutex, Zubslov, Bunavail, Butrans)
- Heroin is also an opioid

NOT EFFECTIVE AGAINST NON-OPIOIDS

❖ NOT effective against-

Examples:

- Benzodiazepines- such as Xanax, Ativan, Klonopin, Valium
- Barbiturates- such as Seconal or Fiorinal
- Clonidine, Elavil, Gamma-Hydroxybutyrate (GHB), or Ketamine
- Cocaine, Amphetamines (including methamphetamines and Ecstasy)
- However, if opioids used or if there is suspicion of opioid use with these substances, naloxone can help reverse the effects of the opioids – strongly consider using naloxone if opioid overdose may be the case

NALOXONE INTRANASAL

- ❖ Not a controlled substance
- ❖ Not addictive; no abuse potential
- ❖ Concentration: 1 mg/ml supplied as 2mg/2ml prefilled syringe
- ❖ Dosage: 2 mg (or 2 ml) per dose
- ❖ Naloxone “kits” should contain 2 complete doses of 2 mg each

NALOXONE INTRANASAL

- ❖ Onset 3- 5 minutes
- ❖ Duration- 30- 90 minutes
- ❖ Partnership HealthPlan of California-supplied nasal atomizer is used in conjunction with prefilled naloxone syringes
- FDA approved intranasal device not yet available through Medi-Cal

NALOXONE INTRANASAL

- ❖ Symptoms of overdose may reappear after effect of Naloxone wanes
- ❖ May need repeated doses every 3 minutes
 - (especially for overdose with Suboxone, Methadone, Fentanyl, pentazocine, or extended release opioids, dependent upon potency and half life of opioid)
- ❖ Stay with patient and provide rescue breathing, or CPR, as needed
- ❖ **Call 911 !!!**

CONTRAINDICATIONS

- ❖ Naloxone is contraindicated in patients known to be hypersensitive to naloxone hydrochloride or to any of the other ingredients in Naloxone
- ❖ Use in pregnancy is recommended only if clearly needed and benefit outweighs risk. Use of Naloxone can cause withdrawal symptoms in fetus as well as mother
- ❖ Refer to package drug insert for further information

SIDE EFFECTS

- ❖ NALOXONE MAY CAUSE SYMPTOMS OF WITHDRAWAL
- ❖ WITHDRAWAL SYMPTOMS-
 - ❖ Anxiety/restlessness/irritability
 - ❖ Dizziness/weakness
 - ❖ Diarrhea/stomach pain/mild nausea
 - ❖ Body aches
 - ❖ Fever/chills/goosebumps (piloerection)
 - ❖ Sneezing/runny nose
- ***Most side effects of withdrawal are unpleasant, but not life-threatening***

SIDE EFFECTS

- ❖ Abrupt reversal of narcotic depression may result in:
 - nausea, vomiting, sweating, tachycardia, increased blood pressure, tremulousness, seizures and cardiac arrest
- ❖ Post-operative depression reversal may cause-
 - hypotension, hypertension, ventricular tachycardia and fibrillation, dyspnea, pulmonary edema, and cardiac arrest. Death, coma, and encephalopathy have been reported as sequelae of these events
- **However reversing a potentially fatal opioid overdose remains a priority**

(Amphastar Pharmaceuticals, Inc., 2016)

TO AVOID ACCIDENTAL OVERDOSE

- ❖ Follow directions from prescribing healthcare provider and dispensing pharmacist/read warning labels
- ❖ Do not mix drugs with alcohol, benzodiazepines (Xanax, Ativan, Klonopin, Valium) or medicine that makes you sleepy
- ❖ Be extra careful if you miss or change doses, or feel ill, or start new medication
- ❖ Be extra careful if restarting medication after
a period of abstinence



LAWS REGARDING NALOXONE

Naloxone Access and Good Samaritan Law

- ❖ Legislation passed to improve layperson naloxone access
- ❖ Laws amended to encourage Good Samaritans to summon aid in the event of an overdose
- ❖ Result: 150,000 laypeople had received training and naloxone kits as of 2014
- Over 26,000 overdose reversals reported
- **These laws in effect in California**

(Robert Wood Johnson Foundation, 2016)



SIGNS OF OVERDOSE

- ❖ The person won't wake up
 - even if you shake them
 - or say their name
 - or do a sternal rub
- ❖ Breathing slows or even stops
- ❖ Lips and fingernails turn blue or gray
- ❖ Skin gets pale, clammy



STEPS OF ADMINISTRATION

- ❖ Identify signs of overdose
- ❖ Assess responsiveness
- ❖ Call 911!
- ❖ Administer rescue breathing and/or CPR (cardiopulmonary resuscitation), as needed
 - Administer rescue breathing and/or chest compressions, depending upon level of training
 - Rescue breathing:
 - Open airway (head tilt/chin lift)
 - Give 2 breaths (look for chest rise)
 - Then, give 1 breath every 5 seconds
 - Continue until help arrives, or person starts breathing
 - Or follow instructions provided by 911 dispatch
- ❖ Administer Naloxone

EMERGENCY
DIAL 911 FIRE
 POLICE
 MEDICAL



NALOXONE PACKAGE CONTENTS WITH SEPARATE MUCOSAL ATOMIZATION DEVICE



STEPS: NALOXONE ADMINISTRATION

❖ Administer Naloxone

- Open Naloxone package
 - Remove yellow caps off both ends of plastic dispenser
 - Remove red or purple cap from pre-filled glass medication cartridge
 - Gently screw the medication cartridge into barrel of plastic dispenser
- Open Mucosal Atomization Device (MAD) plastic package
 - Attach Mucosal Atomization Device (white and clear plastic adapter) to tapered end (Luer lock) of plastic dispenser

STEPS: NALOXONE ADMINISTRATION CONTINUED

- Spray into nostrils
 - Insert white cone into one nostril
 - Short, strong push to spray ½ of cartridge into one naris (nostril) – to 1 ml line
 - Spray remaining ½ of medication into the other naris (nostril)-until empty
 - If no reaction in 3 minutes, repeat dose (open new packages)
- Continue rescue breathing or CPR, as needed

STEPS: REASSESS

- ❖ Assess for effect-
 - Return of breathing

- Becomes responsive

If remains unresponsive and not breathing

- Continue rescue breathing, or CPR
- Repeat Naloxone dose every 3 minutes
- Stay with person until help arrives



If breathing, place in recovery position

- Side-lying



****MAKE SURE YOU CALL 911!****

FOLLOW THROUGH



- ❖ Person still requires medical evaluation and care
- ❖ Still at risk for overdose, pulmonary complications, or other complications
- ❖ May need referral to substance abuse treatment

PATIENT EDUCATION HANDOUT

What is an opioid overdose?

Opioids can cause bad reactions that make your breathing slow or even stop. This can happen if your body can't handle the opioids that you take that day.

TO AVOID AN ACCIDENTAL OPIOID OVERDOSE:

- Try not to mix your opioids with alcohol, benzodiazepines (Xanax, Ativan, Klonopin, Valium), or medicines that make you sleepy.
- Be extra careful if you miss or change doses, feel ill, or start new medications.

Now that you have naloxone...

Tell someone where it is and how to use it.

Common opioids include:

GENERIC	BRAND NAME
Hydrocodone	Vicodin, Lorcet, Lortab, Norco, Zohydro
Oxycodone	Percocet, OxyContin, Roxicodone, Percodan
Morphine	MSContin, Kadian, Embeda, Avinza
Codeine	Tylenol with Codeine, TyCo, Tylenol #3
Fentanyl	Duragesic
Hydromorphone	Dilaudid
Oxymorphone	Opana
Meperidine	Demerol
Methadone	Dolophine, Methadose
Buprenorphine	Suboxone, Subutex, Zubsolv, Bunavail, Butrans

* Heroin is also an opioid.

For patient education, videos and additional materials, please visit www.prescribeto prevent.org



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Opioid safety and how to use naloxone



A GUIDE FOR PATIENTS AND CAREGIVERS

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

How to identify an opioid overdose:

Look for these common signs:

- The person won't wake up even if you shake them or say their name
- Breathing slows or even stops
- Lips and fingernails turn blue or gray
- Skin gets pale, clammy

In case of overdose:

1 Call 911 and give naloxone

If no reaction in 3 minutes, give second naloxone dose

2 Do rescue breathing or chest compressions

Follow 911 dispatcher instructions

3 After naloxone

Stay with person for at least 3 hours or until help arrives

How to give naloxone:

There are 3 ways to give naloxone. Follow the instructions for the type you have.

Nasal spray naloxone

- 1 Take off yellow caps.
- 2 Screw on white cone.
- 3 Take purple cap off capsule of naloxone.
- 4 Gently screw capsule of naloxone into barrel of syringe.
- 5 Insert white cone into nostril; give a short, strong push on end of capsule to spray naloxone into nose: **ONE HALF OF THE CAPSULE INTO EACH NOSTRIL.**
- 6 If no reaction in 3 minutes, give second dose.

Injectable naloxone

- 1 Remove cap from naloxone vial and uncover the needle.
- 2 Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 ml.
- 3 Inject 1 ml of naloxone into an upper arm or thigh muscle.
- 4 If no reaction in 3 minutes, give second dose.

Auto-injector

The naloxone auto-injector is FDA approved for use by anyone in the community. It contains a speaker that provides instructions to inject naloxone into the outer thigh, through clothing if needed.

LET SOMEONE KNOW

- ❖ TELL SOMEONE WHERE THE NALOXONE IS AND HOW TO USE IT



STORAGE

- ❖ When stored, keep in safe place out of reach of children
- ❖ Naloxone should be stored at room temperature, protected from sunlight, and in carton
- ❖ Keep medication from extreme temperatures (store at room temperature; excursions permitted to 15°-30°C (59°-86°F))



VIDEOS OF NALOXONE ADMINISTRATION

- ❖ PrescribetoPrevent.org (2016). Patient education videos. Retrieved from:
<http://prescribetoprevent.org/patient-education/videos/>

RESOURCES FOR CPR TRAINING

- ❖ **American Heart Association**
Website <http://www.heart.org/HEARTORG/>
Phone
1-800-242-8721
1-800-AHA-USA1
- **American Red Cross**
Website <http://www.redcross.org/>
Phone
1-800-733-2767
1-800-RED CROSS

REFERENCES

- ❖ American Society of Anesthesiologists (2014). *When seconds count*. Retrieved from:
<http://www.asahq.org/WhenSecondsCount/resources>
- ❖ Amphastar Pharmaceuticals, Inc. (2013). Naloxone Hydrochloride. Retrieved from:
<http://druginserts.com/lib/rx/meds/naloxone-hydrochloride-6/>
- ❖ California Healthcare Foundation (2016). *Rescue drug can save lives if more lay people learn how to administer it*. Retrieved from:
<http://www.chcf.org/articles/2016/03/rescue-drug-save-lives>
- ❖ Centers for Disease Control and Prevention (2016). *New CDC opioid prescribing guidelines. Improving the way opioids are prescribed for safer chronic pain treatment fact sheet*. Retrieved from:
<http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>
- ❖ Davis, C.S., Carr, D. (2015). Legal changes to increase access to naloxone for opioid reversal in the United States. *Drug and Alcohol Dependency*. Retrieved from:
<http://dx.doi.org/10.1016/j.drugalcdep.2015.10.013>

- ❖ New York State (2016). *Technical Working Group on Resuscitation Training in Naloxone Provision Programs*. Retrieved from: http://www.health.ny.gov/diseases/aids/general/ opioid_overdose_prevention/docs/resuscitation_training.pdf
- ❖ PrescribetoPrevent.org (2016). *Prescribe to prevent: Prescribe Naloxone: Save a life: Patient education materials*. Retrieved from: <http://prescribetoprevent.org/>
- ❖ PrescribetoPrevent.org (2016). *Prescribe to prevent. Naloxone one pager*. Retrieved from:
<http://www.prescribetoprevent.org/wp-content/uploads/2012/11/naloxone-one-pager-in-nov-2012.pdf>
- ❖ PrescribetoPrevent.org (2016). *Patient education video: Naloxone administration for opiate overdose*. Retrieved from: <http://prescribetoprevent.org/patient-education/videos/>
- ❖ Robert Wood Johnson Foundation (2016). *The Network for Public Health Law: Legal interventions to reduce overdose mortality: Naloxone Access and Overdose Good Samaritan Laws*. Retrieved from: https://www.networkforphl.org/_asset/qz5pvn/network-naloxone-10-4.pdf

- ❖ SAFE Rx Lake County (2016). Retrieved from: <http://saferlakecounty.org/>
- ❖ San Francisco Department of Public Health (2015). *Naloxone for opioid safety: A provider's guide to prescribing naloxone to patients who use opioids*. Retrieved from: <http://www.southernoregonopioidmanagement.org/app/content/uploads/2015/08/A-Providers-Guide-to-prescribing-naloxone-SFDOPH.pdf>
- ❖ San Francisco Department of Public Health (2012). Standing orders: San Francisco Department of Public Health Drug Overdose Prevention and Education Project. Retrieved from: <http://harmreduction.org/wp-content/uploads/2012/02/Standing-Order-IM.pdf>
- ❖ State of California Department of Justice Office of the Attorney General (2016). ***Controlled Substance Utilization Review and Evaluation System: California's Prescription Drug Monitoring Program.*** Retrieved from: <https://oag.ca.gov/cures>
- ❖ Substance Abuse and Mental Health Services Administration (2016). S A M H S A opioid overdose toolkit: Safety advice for patients & family members . Retrieved from: http://store.samhsa.gov/shin/content/SMA13-4742/Toolkit_Patients.pdf

Naloxone Guidelines for Pharmacists

Ordering

Intranasal- NDC#76329-3369-01

- 2mg/2mL naloxone is available from IMS/Amphastar (NDC 76329-3369-1). (This is the concentration that is to be used for IN administration)
- A complete naloxone kit should have a minimum of two doses of naloxone and two delivery devices

Billing

- Naloxone is covered by MediCal (as a “carve-out” so submit directly to fee-for-service MediCal do not send a PA to the HMO plan)
- The atomizer will be provided by PHC

Counseling

- Instruct patients to administer if non-responsive from opioid use
- Explain how to assemble naloxone kit for administration
- Include family/ caregivers in patient counseling or instruct patients to train others
- Distribute Naloxone Fact Sheet (as provided by PHC) with medication and atomizer

Storage

- Naloxone should be stored at room temperature and protected from sunlight
- Extreme and repeated temperature fluctuations have been shown to degrade the medication over time- avoid temperature variations as much as possible

Side Effects

- Anxiety, sweating, nausea/vomiting or shaking. Talk to your doctor if these occur. This is not a complete list of possible side effects. If you notice other effects not listed, contact your doctor or pharmacist.

***Information gathered from prescribetoprevent.org*

Emergency Response for Opioid Overdose

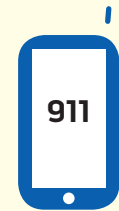


nasal naloxone



Try to wake the person up

- Shake them and shout.
- If no response, grind your knuckles into their breast bone for 5 to 10 seconds.

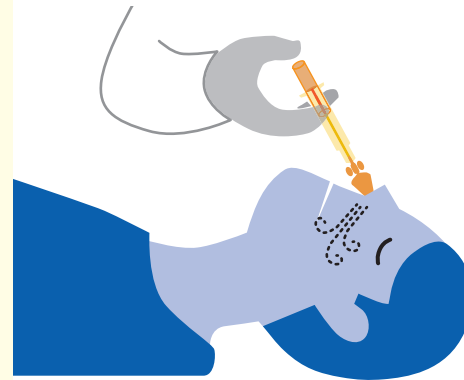


Call 911

If you report an overdose, New York State law protects you and the overdosed person from being charged with drug possession, even if drugs were shared.

Someone has overdosed.

Someone isn't breathing.



Administer nasal naloxone

- Assemble nasal naloxone.
- Spray half up each nostril.
- Repeat after 2 to 5 minutes if still not conscious.



Check for breathing

Give CPR if you have been trained, or do rescue breathing:

- Tilt the head back, open the mouth, and pinch the nose.
- Start with 2 breaths into the mouth. Then 1 breath every 5 seconds.
- Continue until help arrives.



Stay with the person

- Naloxone wears off in 30 to 90 minutes.
- When the person wakes up, explain what happened.
- If you need to leave, turn the person on his or her side to prevent choking.

To get help:

New York State Office of Alcoholism and Substance Abuse Services (OASAS)
(877) 8-HOPE-NY, or (877) 846-7369
www.oasas.ny.gov

To get a replacement kit:

Directory of programs
nyhealth.gov/overdose

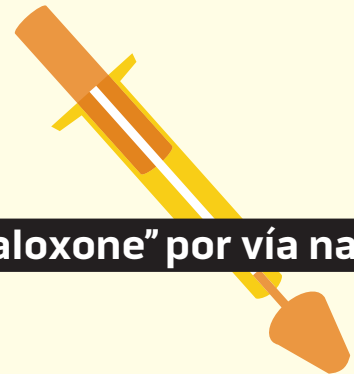
For more information:

Harm Reduction Coalition

[harmreduction.org/
overdose](http://harmreduction.org/overdose)

Design by Imaginary Office

Respuesta a Emergencia por Sobredosis



“naloxone” por vía nasal



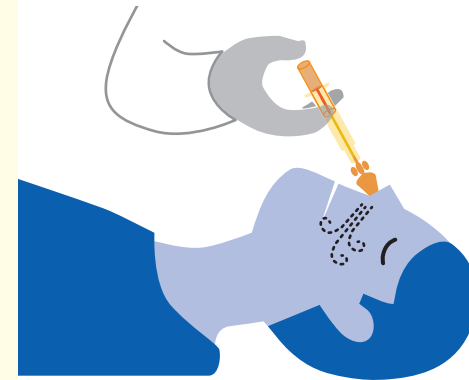
Ver si la persona responde

Sacuda a la persona y hágale en voz alta (grítele) para despertarla. Si no responde, frota tus nudillos en su pecho por 5 a 10 segundos.



Llame al 911

Si usted reporta una sobredosis la ley en el estado de Nueva York lo protege a usted y a la persona que sufrió la sobredosis de ser acusado por posesión de drogas, aún si las ha compartido.



Administre el “naloxone” por vía nasal

- Ensamble el equipo nasal.
- Rocée la mitad del “naloxone” en el frasco en cada orificio nasal.
- Repita paso anterior después de 2 a 5 minutos, si la persona no está consciente.



Vea si la persona no está respirando

Administre Reanimación Cardiopulmonar (“CPR”), si ha sido adiestrado, o respiración asistida

- Incline la cabeza de la persona hacia atrás, levántele la barbilla y apriétele la nariz.
- Sopla aire dos veces en la boca de la persona. Continúe con un soplo de aire cada 5 segundos. Continúe hasta que llegue ayuda.



Permanezca con la persona

- El efecto del “naloxone” desaparece dentro de 30 a 90 minutos.
- Cuando la persona despierte, explíquele lo que ha pasado.
- Coloque a la persona en su costado (de lado) para prevenir que pueda ahogarse o afixiarse.

Para ayuda:

New York State Office of Alcoholism and Substance Abuse Services (OASAS)
(877) 8-HOPE-NY, or (877) 846-7369
www.oasas.ny.gov

Para conseguir un “kit” de reemplazo:

[Directorio de programas
nyhealth.gov/overdose](http://Directorio de programas nyhealth.gov/overdose)

Para más información:

Harm Reduction Coalition

**[harmreduction.org/
overdose](http://harmreduction.org/overdose)**

Emergency Response for Opioid Overdose

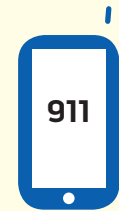


injection naloxone



Try to wake the person up

- Shake them and shout.
- If no response, grind your knuckles into their breast bone for 5 to 10 seconds.

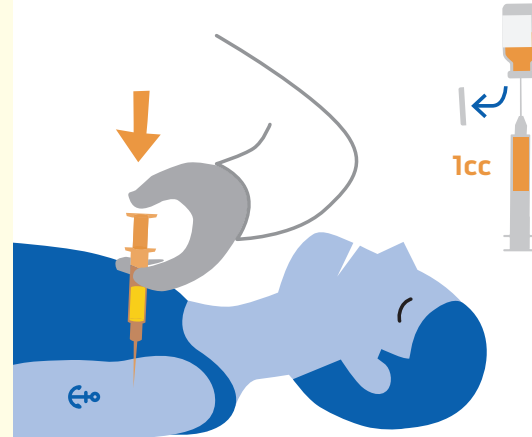


Call 911

If you report an overdose, New York State law protects you and the overdosed person from being charged with drug possession, even if drugs were shared.

Someone has overdosed.

Someone isn't breathing.



Administer injection naloxone

- Draw entire contents of vial into the syringe.
- Inject straight—not at an angle—into a muscle. Thighs or arm near shoulder are best.
- Repeat after 2 to 5 minutes if not yet conscious.



Check for breathing

Give CPR if you have been trained, or do rescue breathing:

- Tilt the head back, open the mouth, and pinch the nose.
- Start with 2 breaths into the mouth. Then 1 breath every 5 seconds.
- Continue until help arrives.



Stay with the person

- Naloxone wears off in 30 to 90 minutes.
- When the person wakes up, explain what happened.
- If you need to leave, turn the person on his or her side to prevent choking.

To get help:

New York State Office of Alcoholism and Substance Abuse Services (OASAS)
(877) 8-HOPE-NY, or (877) 846-7369
www.oasas.ny.gov

To get a replacement kit:

[Directory of programs
nyhealth.gov/overdose](http://Directoryofprograms.nyhealth.gov/overdose)

For more information:

[Harm Reduction Coalition](http://HarmReductionCoalition.org)

[harmreduction.org/
overdose](http://harmreduction.org/overdose)

Design by Imaginary Office

Respuesta a Emergencia por Sobredosis



inyección de "naloxone"



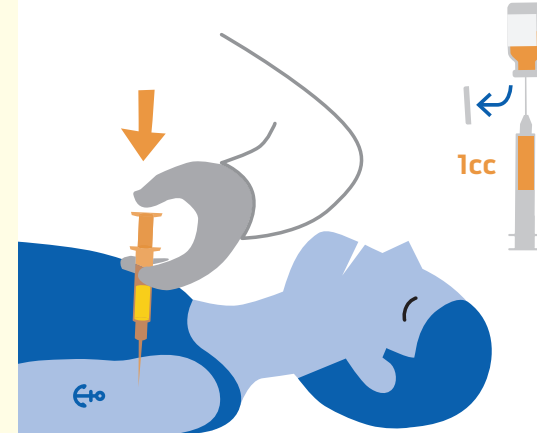
Ver si la persona responde

- Sacuda a la persona y hablele en voz alta (grítele) para despertarla.
- Si no responde, frota tus nudillos en su pecho por 5 a 10 segundos.



Llame al 911

- Si usted reporta una sobredosis la ley en el estado de Nueva York lo protege a usted y a la persona que sufrió la sobredosis de ser acusado por posesión de drogas, aún si las ha compartido.



Administre la inyección de "naloxone"

- Extraiga el contenido del frasco y llene la jeringuilla.
- Inyecte directamente al músculo, no en ángulo. Las mejores áreas para inyectar son los muslos o en el brazo cerca del hombro.
- Repita paso anterior después de 2 a 5 minutos, si la persona no está consciente



Vea si la persona no está respirando

Administre Reanimación Cardiopulmonar ("CPR"), si ha sido adiestrado, o respiración asistida.

- Incline la cabeza de la persona hacia atrás, levántele la barbilla y apriétele la nariz.
- Sople aire dos veces en la boca de la persona. Continúe con un soplo de aire cada 5 segundos. Continúe hasta que llegue ayuda.



Permanezca con la persona

- El efecto del "naloxone" desaparece dentro de 30 a 90 minutos.
- Cuando la persona despierte, explíquele lo que ha pasado.
- Coloque a la persona en su costado (de lado) para prevenir que pueda ahogarse o afixiarse.

Para ayuda:

New York State Office of Alcoholism
and Substance Abuse Services
(OASAS)
(877) 8-HOPE-NY, or (877) 846-7369
www.oasas.ny.gov

Para conseguir un "kit" de
reemplazo:

[Directorio de programas
nyhealth.gov/overdose](http://Directorio de programas
nyhealth.gov/overdose)

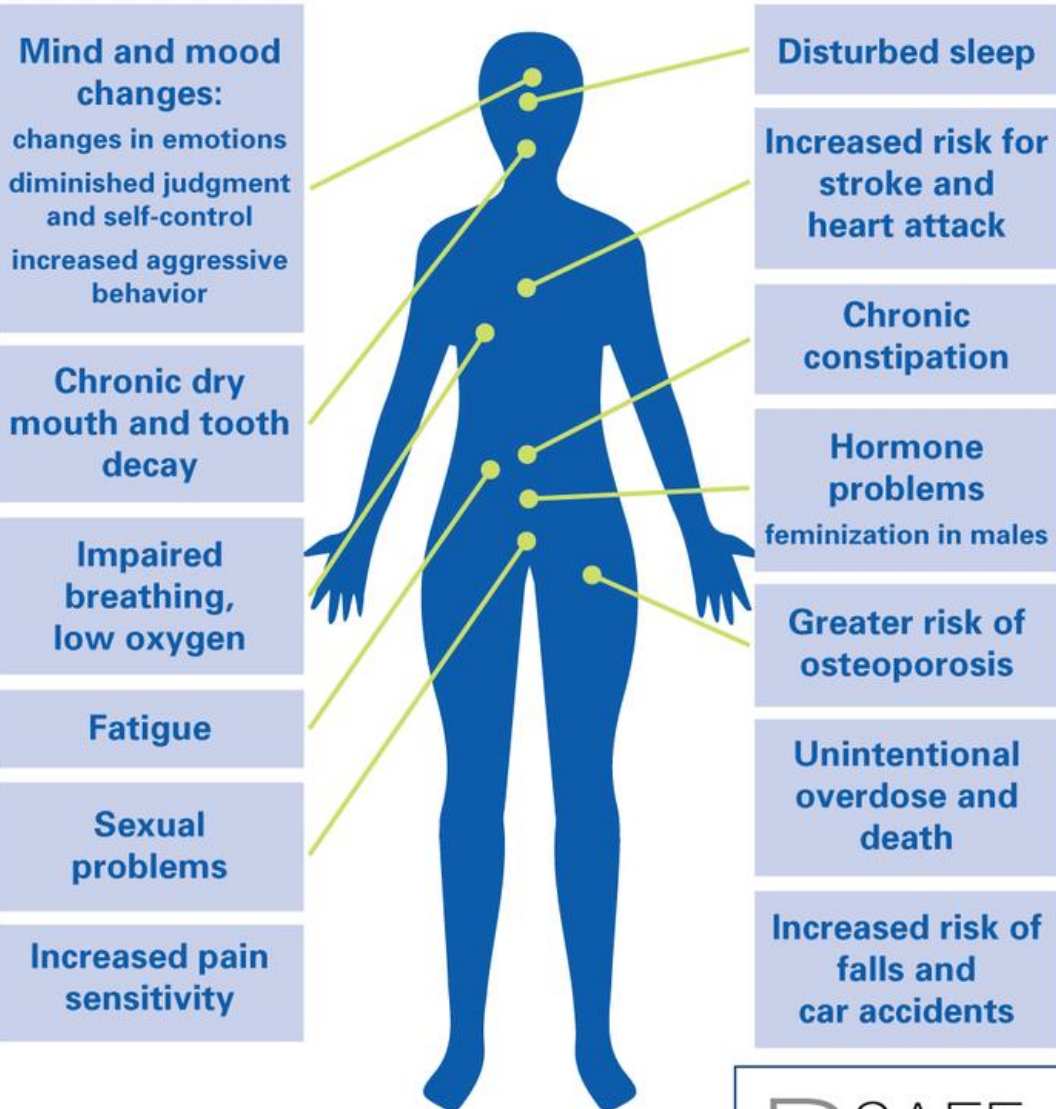
Para más información:

Harm Reduction Coalition

[harmreduction.org/
overdose](http://harmreduction.org/overdose)

KNOW THE RISKS

Prescription narcotics pose significant health risks beyond addiction



**RxSAFE
MARIN**
MARIN COUNTY PRESCRIPTION DRUG MISUSE AND ABUSE INITIATIVE

Learn more at rxsafemarin.org

What is an opioid overdose?



Opioids can cause bad reactions that make your breathing slow or even stop. This can happen if your body can't handle the opioids that you take that day.

TO AVOID AN ACCIDENTAL OPIOID OVERDOSE:

- Try not to mix your opioids with alcohol, benzodiazepines (Xanax, Ativan, Klonopin, Valium), or medicines that make you sleepy.
- Be extra careful if you miss or change doses, feel ill, or start new medications.

Now that you have naloxone...

Tell someone where it is and how to use it.

Common opioids include:

GENERIC	BRAND NAME
Hydrocodone	Vicodin, Lorcet, Lortab, Norco, Zohydro
Oxycodone	Percocet, OxyContin, Roxicodone, Percodan
Morphine	MSContin, Kadian, Embeda, Avinza
Codeine	Tylenol with Codeine, TyCo, Tylenol #3
Fentanyl	Duragesic
Hydromorphone	Dilaudid
Oxymorphone	Opana
Meperidine	Demerol
Methadone	Dolophine, Methadose
Buprenorphine	Suboxone, Subutex, Zubsolv, Bunavail, Butrans

* Heroin is also an opioid.

For patient education, videos and additional materials, please visit www.prescribetoprevent.org



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
CALIFORNIA STATE BOARD OF PHARMACY

Opioid safety and how to use naloxone



A GUIDE FOR PATIENTS AND CAREGIVERS

DEVELOPED BY
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

How to identify an opioid overdose:

Look for these common signs:

- The person won't wake up even if you shake them or say their name
- Breathing slows or even stops
- Lips and fingernails turn blue or gray
- Skin gets pale, clammy

In case of overdose:

1 Call 911 and give naloxone

If no reaction in 3 minutes, give second naloxone dose

2 Do rescue breathing or chest compressions

Follow 911 dispatcher instructions

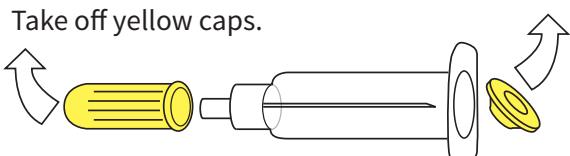
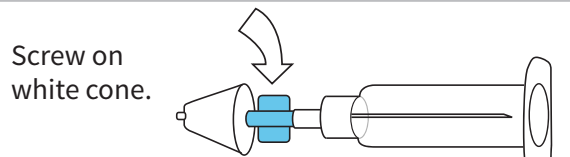

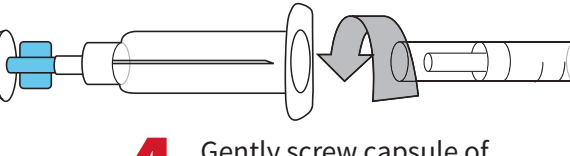
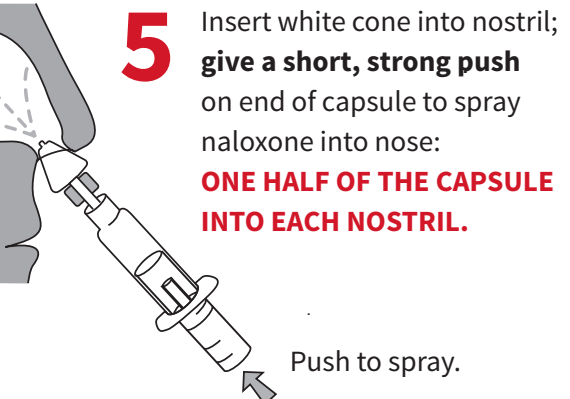
3 After naloxone

Stay with person for at least 3 hours or until help arrives

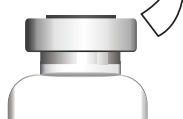
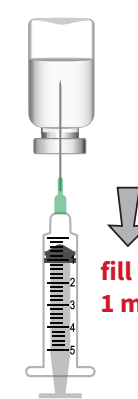
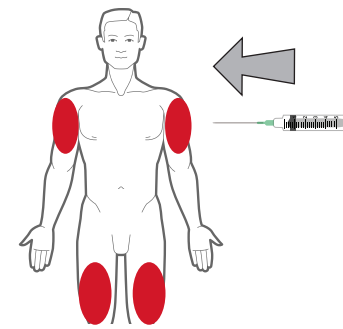
How to give naloxone:

There are 3 ways to give naloxone. Follow the instructions for the type you have.

Nasal spray naloxone

- 1** Take off yellow caps.

- 2** Screw on white cone.

- 3** Take purple cap off capsule of naloxone.

- 4** Gently screw capsule of naloxone into barrel of syringe.

- 5** Insert white cone into nostril; **give a short, strong push** on end of capsule to spray naloxone into nose: **ONE HALF OF THE CAPSULE INTO EACH NOSTRIL.**

Push to spray.
- 6** If no reaction in 3 minutes, give second dose.

Injectable naloxone

- 1** Remove cap from naloxone vial and uncover the needle.

- 2** Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 ml.

fill to 1 ml
- 3** Inject 1 ml of naloxone into an upper arm or thigh muscle.

- 4** If no reaction in 3 minutes, give second dose.

Auto-injector

The naloxone auto-injector is FDA approved for use by anyone in the community. It contains a speaker that provides instructions to inject naloxone into the outer thigh, through clothing if needed.