NALOXONE USE, GUIDE FOR

Purpose

The purpose of this protocol is to guide the facility staff in implementing CDC Guidelines to prevent deaths arising from over utilization of Opioids by efficiently and effectively administering Naloxone as a drug antagonist that reverses the effects of opioids and can be life-saving when an opioid overdose occurs.

Facility recognizes the goal of resident care for pain control is for relieving the resident's pain and discomfort wherein the use of opioids is utilized but has to be within acceptable professional standards of care thereby avoiding overprescribing and overutilization which may lead to a negative outcome on residents.

Equipment and Supplies

Naloxone Prescription by Attending Physician.
Vital signs equipment and hand washing supplies.

Steps in the Procedure

1. Upon admission of a resident, the licensed nurse will review and confirm admission orders with the admitting physician.

2. If an opioid is ordered from the discharging facility, Attending Physician will verify the orders: correct dose and specific diagnosis for the kind, location and severity of pain that's being treated.

3. The Attending Physician will prescribe or co-prescribe Naloxone.

4. The Attending Physician or Pharmacy Consultant will educate licensed nursing staff about the use of Naloxone.

5. Just like any other prescription medications, Licensed Nursing Staff will note and carry out the physician's orders and place an order with the resident's pharmacy of choice.

Types or Kinds of Patients/Residents at risk for Opioid Overdose

The following residents are considered at risk for opioid overdose:

A- Patients prescribed opioids who:

1. Are receiving opioids at a dosage of 50 morphine milligram equivalents (MME) per day or greater (the CDC's MME calculator can be accessed thru https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf).

2. Have respiratory conditions such as chronic obstructive pulmonary disease (COPD) or obstructive sleep apnea (regardless of opioid dose);

3. Have been prescribed benzodiazepines (regardless of opioid dose).

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4. Have a non-opioid substance use disorder, report excessive alcohol use, or have a mental health disorder (regardless of opioid dose).

B. Patients at high risk for experiencing or responding to an opioid overdose, including individuals:

1. Using heroin, illicit synthetic opioids or misusing prescription opioids.

2. Using other illicit drugs such as stimulants, including methamphetamine and cocaine, which could potentially be contaminated with illicit synthetic opioids like fentanyl.

3. Receiving treatment for opioid use disorder, including medication-assisted treatment with methadone, buprenorphine, or naltrexone.

4. With a history of opioid misuse that were recently released from incarceration or other controlled settings where tolerance to opioids has been lost.

Signs and Symptoms of Opioid Overdose

During an overdose, breathing can be dangerously slowed or stopped, causing brain damage or death. It's important to recognize the signs and act fast.

Signs include:
1. Small, constricted "pinpoint pupils".
2. Falling asleep or loss of consciousness.
3. Slow, shallow breathing.
4. Choking or gurgling sounds
5. Limp body.
6. Pale, blue, or cold skin.

Emergency Steps

1. If a resident exhibits the signs and symptoms of Opioid Overdose as mentioned above, the Licensed Nurse should initiate Emergency Services by calling 911 and immediately administer Naloxone as ordered by the Attending Physician.

2. Licensed Nurse should call and notify the Attending Physician.

3. Licensed Nurse should notify the resident's Responsible Party.

Key Facts about Naloxone

Naloxone can reverse the life-threatening respiratory depression associated with opioid overdose.

A variety of Naloxone products (nasal spray, injection, auto-injection) are available to respond to an overdose. Most health insurance plans, including

Medicaid and Medicare plans, will cover at least one form of Naloxone.

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Documentation	There are also several programs at the state or local level that may supply free or low-cost Naloxone to those at risk and without insurance coverage. Licensed Nurse will document the health condition of the resident as a change of condition and be observed or monitored for 72 hours from the day the overdose was first assessed as a change of condition.

References	
MDS (CAAs)	
Resources	https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf https://www.hhs.gov/opioids/treatment/overdose-response/index.html. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE18016.pdf https://www.cdc.gov/drugoverdose/pdf/patients/Preventing-an-Opioid-Overdose-Tip-Card-a.pdf
Procedure Devised	Date: March 7, 2019 By: Date: By: Date: By: Date: By: