Harm Reduction in the Hospital: Developing a Naloxone Program for at Risk Patients

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Please share your tools and resources!

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Holly’s Story

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Lehigh Valley Health Network
Opioid Stewardship & Linkage to Treatment Committee

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Objectives

- Describe how naloxone provides a harm reduction approach to substance use disorder
- Describe reasons the ED may be a good setting for naloxone distribution to at-risk patients
- Describe logistical challenges to implementation of an ED naloxone distribution program
LVHN’s Multi-Pronged Approach to the Substance Use Disorder Crisis

- Prevent New SUD
- Reduce Stigma
- Treat Existing SUD
- Harm Reduction
Harm Reduction
Providing Naloxone for patients and community members at risk

Prevent New SUD
Why naloxone?

- In April 2018, the United States (U.S.) Office of the Surgeon General released a public health advisory urging communities to improve access to naloxone for those who are at risk for opioid overdose.

- This recommendation is shared in the 2017 President’s Commission on Combating Drug Addiction and the Opioid Crisis, and the World Health Organization’s guidelines that recommend increased access to naloxone.


Access to naloxone

- A national survey of community-based naloxone distribution programs found that from 1996 to 2014, 152,284 individuals received naloxone from a community-based program, which resulted in the successful reversal of 26,463 overdoses.
- Despite the high number of reversals with naloxone, take-home naloxone programs are only present in 8% of U.S. counties overall and 12% of counties with the highest opioid-overdose rate.
- To improve access to take-home naloxone, community distribution programs have expanded to include substance use treatment facilities, primary care clinics, and pharmacies, emergency departments, and hospitals.

Why the Emergency Department?

- Over the last decade, the number of opioid-related ED visits has dramatically increased.
- From 2005 to 2014, these visits nearly doubled from 89.1 to 177.7 per 100,000 people, and more recent Centers for Disease Control and Prevention (CDC) estimates indicate an even sharper increase has occurred since 2015.
- ED as a powerful venue for identification of patients with substance use disorder (SUD): opportunity for healthcare workers to engage patients with opioid use disorder (OUD) and provide evidence-based interventions such as take-home naloxone.

Naloxone

- U.S. Food and Drug Administration-approved opioid overdose antidote
- Viable, safe, and effective intervention that can reduce opioid-overdose deaths in the community setting and be effectively administered by lay people.
- It has decreased ED visits when co-prescribed with opioid medications.
- Pulmonary edema has been reported following the administration of naloxone; however, the best evidence has indicated these cases are multifactorial and that naloxone is recommended in the case of opioid overdose.


Take Home Naloxone

- Previous research has demonstrated that an OUD intervention in the ED can reduce overdose risk and that ED providers are willing to prescribe take-home naloxone; however, they have low confidence in doing so.

- Most patients at risk for opioid overdose in the ED are willing to accept a take-home naloxone kit and believe that the ED is an appropriate venue.


Implementation Challenges

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What happens with the kits?

- One study reported that 16% of patients who received naloxone kits went on to use it in the rescue of an opioid overdose.

Implementation Steps

- Identification of personnel
- Education for providers and staff
- EHR integration
- Patient identification methods
- Funding for take-home naloxone
- Method of dispensing take-home naloxone.

- **Bottom line up front**: There is a new protocol for giving free naloxone (Narcan) kits to high risk ED patients.

- **Inclusion criteria:**
  - ED patient **being discharged home**
  - Has a substance use disorder and is at risk for overdose
  - Is **uninsured or underinsured** and thus does not have coverage for naloxone
Provider Education

- **Place an order in Epic**: “Funded naloxone kit for uninsured ED patients with opioid use disorder”.
- The nurse will hand you the kit. The **provider must give the kit to the patient** and provide bedside education on how to use the kit (the kit CANNOT be given to the patient by the nurse under pharmacy and nursing regulations).
- Include the LVHN Naloxone education sheet in the AVS (select this from available discharge instructions in epic).
- Document in your epic chart using the dotphrase **EDNALOXONE**: I provided a free naloxone kit at the bedside along with education for use. I encouraged abstinence and offered resources for linkage to treatment. I provided standardized naloxone instructions as part of the discharge paperwork.
- For insured ED patients (including those with Medicaid), please provide a prescription for naloxone 4 mg nasal spray (search Narcan or naloxone in epic discharge orders and the default is the nasal spray).
Nursing Education: Email and Online Module

- The provider will decide if the patient will benefit from receiving a Narcan “take home” kit and place the order.
- The RN will see the order in Epic, and retrieve the kit from the Pyxis Machine.
- The RN will hand the Narcan Kit to the provider, with a patient label affixed to the package.
- The provider will give (dispense) the kit to the patient and provide patient/care giver education on how to use the kit.
  - This is imperative that the provider gives the patient the Narcan kit to take home and provides instructions as this is NOT within the nursing scope of practice!
- The RN will document on the MAR (see screen shots to follow).
- The provider will document that they dispensed the Narcan kit and provided education.
Narcan Dispensing – Nursing View

The Narcan will appear on the MAR as a ‘Take-Home’ Nasal spray kit. See the Instructions along the lower portion of the MAR Entry.
Narcan Dispensing – Nursing View

***This is one medication that will not be scanned as it is “dispensed” by the provider***

The provider should verify the rights of medication administration prior to dispensing
Narcan Dispensing – Nursing View

Verify that the MAR action is “Dispense by provider”
Narcan Dispensing – Nursing View
Narcan Dispensing – Nursing View

Naloxone "Take-Home" nasal spray kit (NARCAN) 1 kit

Dose: 1 kit

Once: 

Admin Instructions:
Nurse to retrieve from Pyxis, place patient label on kit, and hand-deliver to ordering provider. Provider gives the take-home medication and naloxone education to patient at bedside.

Ordered Admin Amount: 1 kit

Dispense by at 12/23/19 1010

Documented By: EMERGENCY, NURSE
Documented For: RICHARDSON, DAVID M
How to Respond to an Overdose Using Narcan® (Naloxone)

How to give Narcan nasal spray

Peel
Pool back the package to remove the device. Hold the device with your thumb on the bottom of the plunger and 2 fingers on the nozzle.

Place
Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the patient’s nose.

Press
Press the plunger firmly to release the dose into the patient’s nose.

Position
Place in rescue position. Hands support head.

Follow directions on package.

Important notes about Narcan
- Narcan will work 2 to 5 minutes after given. If the person does not begin to breathe 2 to 3 minutes after giving the first dose of Narcan, give a second dose.
- Narcan will only work for opioid overdoses. It will not harm someone who has not taken an opioid.
- The person getting Narcan may wake up. Try to keep the person calm and wait for 911 to arrive.

Call 911 first - Do This Right Away

More information on Narcan (naloxone) can be found at:
https://www.nps.gov/narc.png
Challenges

- Funding
- Pharmacy regulations and logistics
  - Nursing, IS, Nursing Informatics, Pharmacy
  - Stocking pyxis, labeling
  - Public pricing account through pharmaceutical company
  - Medication ordering, delivery, stocking
- Nursing regulations
Thinking outside the box

- Divide kits
- Atomizer or injection kits
- Alternative funding sources
Naloxone for First Responders - CCE contact Information

https://www.pccd.pa.gov/criminaljustice/advisory_boards/Pages/Naloxone-for-First-Responders.aspx
Supporting people with SUD during COVID-19

- Hospital Opioid Support Team – remote level of care assessment case management and
- Addiction Recovery Services – judicious bedside + remote case management and peer support
- Maintenance MAT - Telemedicine
- Online peer support groups
- Harm reduction
  - Discharge plans for withdrawal management
  - Increased duration of bridge Rx for MAT
  - Naloxone
  - Bedside harm reduction education re IDU
Questions?

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Questions?
Future Opioid LAN Events

• Webinars
  • April 16, 2020—11:00 AM
  • May 4, 2020—11:00 AM

• Office Hours
  • April 2, 2020—11:00 AM
  • May 7, 2020—11:00 AM

• Regional Meetings (Virtual)
  • March 31, 2020 (Northwest Regional Hospitals/Orgs)