



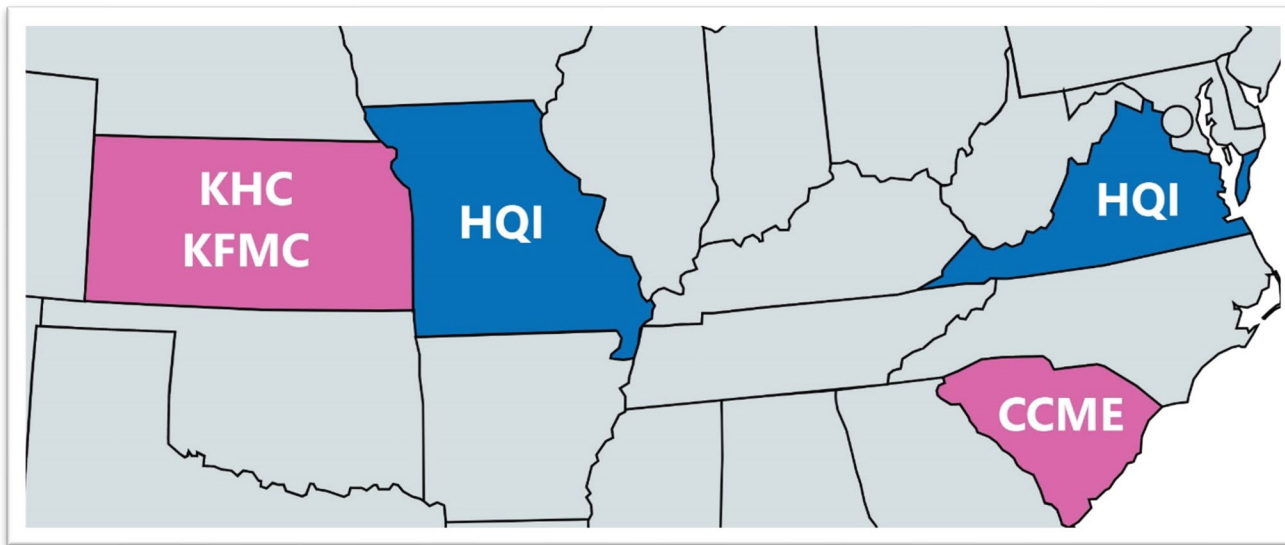


Health Quality Innovation Network

Overdose Prevention

Recognition, Response and Administration of Naloxone

Health Quality Innovation Network



Logistics – Zoom Webinar



To ask a question, click on the **Q&A** icon.

Raise your hand if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

You may adjust your audio by clicking **Audio Settings**.

You have been automatically muted with video turned off.

Your Team



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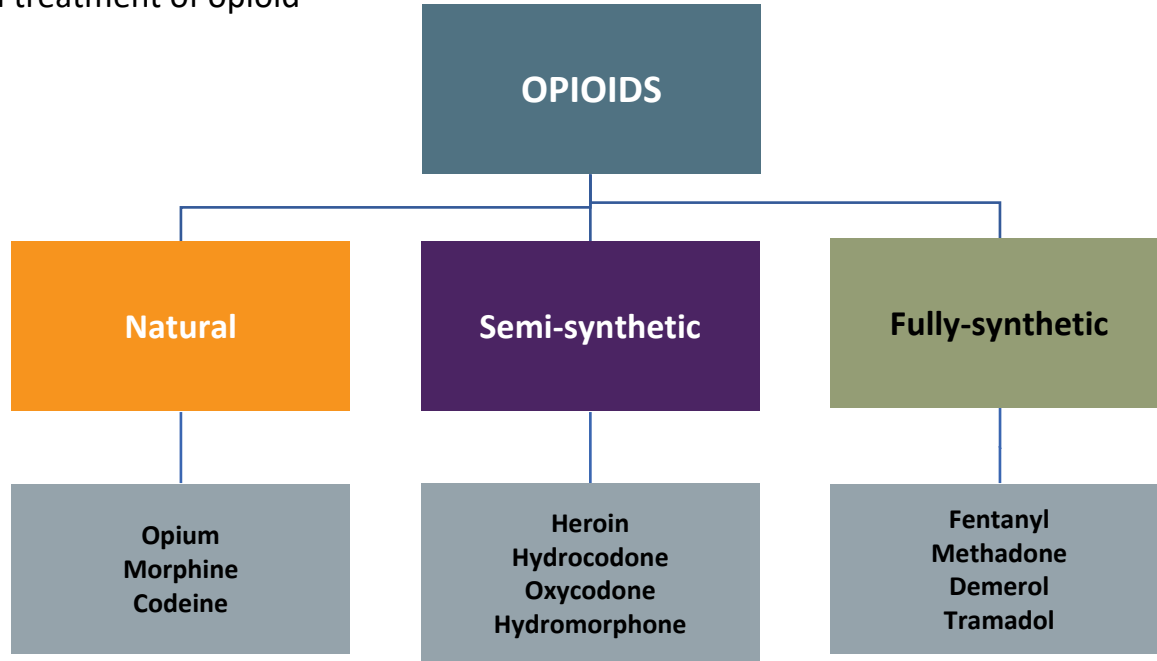
OBJECTIVES

- **What are opioids?**
- **Preventing an opioid overdose**
- **Who is at risk?**
- **Recognize an overdose**
- **Administer naloxone**
- **Prevention – safe use, storage and disposal**



WHAT ARE OPIOIDS?

Opioids are used primarily in medicine for pain relief and treatment of opioid use disorders.



All categories have overdose risk!

EFFECTIVE AND RISKY

- Opioids can be an effective treatment option for pain affecting older individuals receiving short-term post-acute care and LTC services in nursing homes and assisted living facilities. However, frail older people also face elevated risks of adverse events, especially with long-term use.
- Despite their useful role in pain management, opioids are not without risk in this frail and vulnerable population. In the nursing home setting, opioids were among the top five drugs associated with overall adverse drug events and preventable adverse drug events. Long-acting opioids, in particular, may be associated with greater unintentional overdose injury than short-acting opioids.



HOW TO PREVENT OPIOID OVERDOSE

Knowing who may be at risk for opioid overdose could help prevent someone you know from fatally overdosing.

- Who may be at risk for overdose
- How to recognize overdose
- How to administer naloxone



WHO IS AT RISK FOR OPIOID OVERDOSE?

- People using pain killers (like hydrocodone, oxycodone, morphine, or fentanyl).
 - Especially with high doses for chronic pain
 - Post-surgery residents using an opioid
- People with Opioid Use Disorder or Substance Use Disorder who are coming off an abstinent period (hospital, detox, or treatment).



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Dosages at or **above 50 MME/day**
increase risks for overdose by at least

2x

the risk at
**<20
MME/day.**

WHY IS IT IMPORTANT TO CALCULATE THE TOTAL DAILY DOSAGE OF OPIOIDS?

Patients prescribed higher opioid dosages are at higher risk of overdose death.

In a national sample of Veterans Health Administration (VHA) patients with chronic pain receiving opioids from 2004–2009, **patients who died** of opioid overdose were prescribed an average of **98 MME/day**, while **other patients** were prescribed an average of **48 MME/day**.

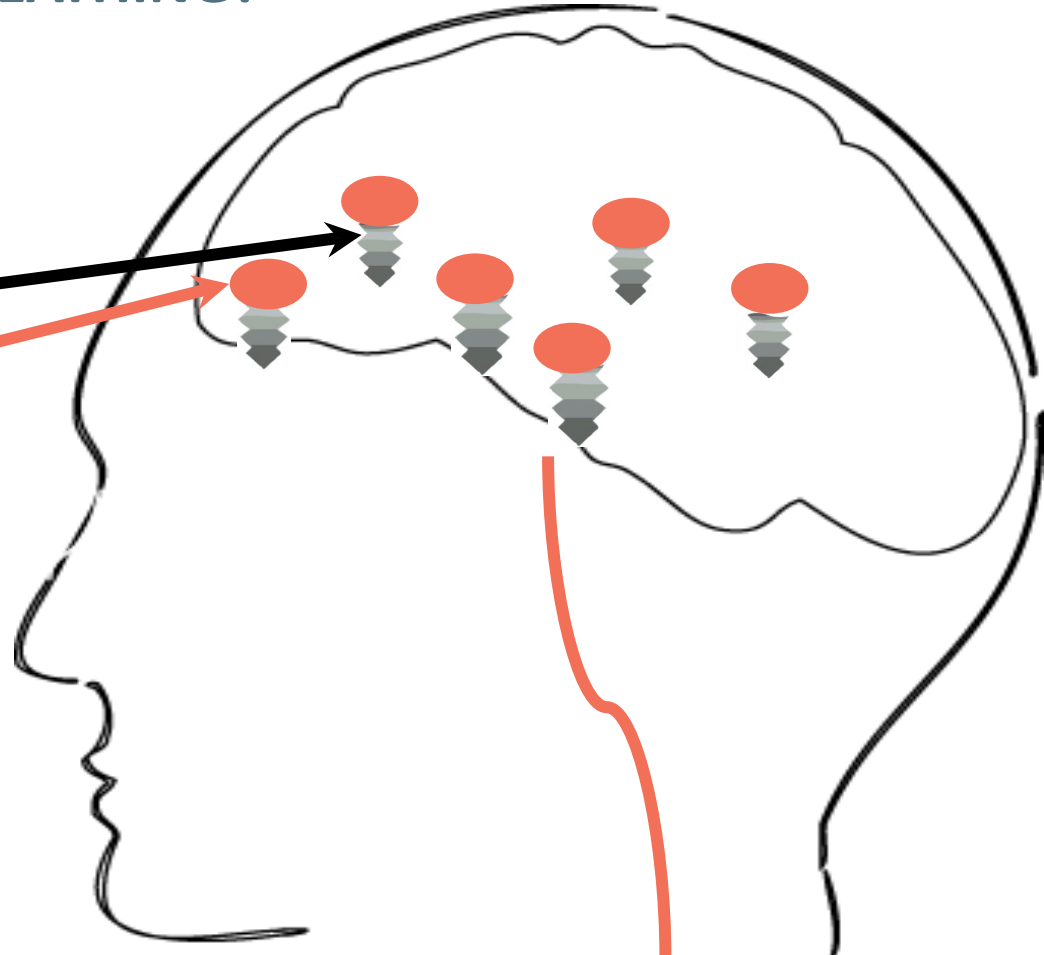
Calculating the total daily dose of opioids helps identify patients who may benefit from closer monitoring, reduction or tapering of opioids, prescribing of naloxone, or other measures to reduce risk of overdose.

HOW DO OPIOIDS AFFECT BREATHING?








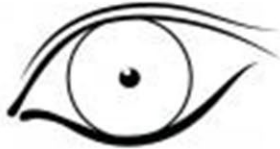
OVERDOSE

Opioid Receptors, brain

Opioid



SIGNS OF AN OPIOID OVERDOSE

<p>Breathing will be slow or gone</p> 	<p>Lips and nails are blue</p> 	<p>Person is not moving</p> 	<p>Person may be choking</p> 
<p>You can hear gurgling sounds or snoring</p> 	<p>Can't be woken up</p> 	<p>Skin feels cold and clammy</p> 	<p>Pupils are tiny</p> 

WHAT IS NALOXONE?

- Naloxone (or Narcan) is an opioid overdose reversal drug.
- Naloxone is a first aid tool that saves lives every day.
- Naloxone can work on an adult, a child, **or even a dog!**
- Naloxone does *not* cause harm to those *not* overdosing on opioids.
- Naloxone is not addictive. It is safe and effective.



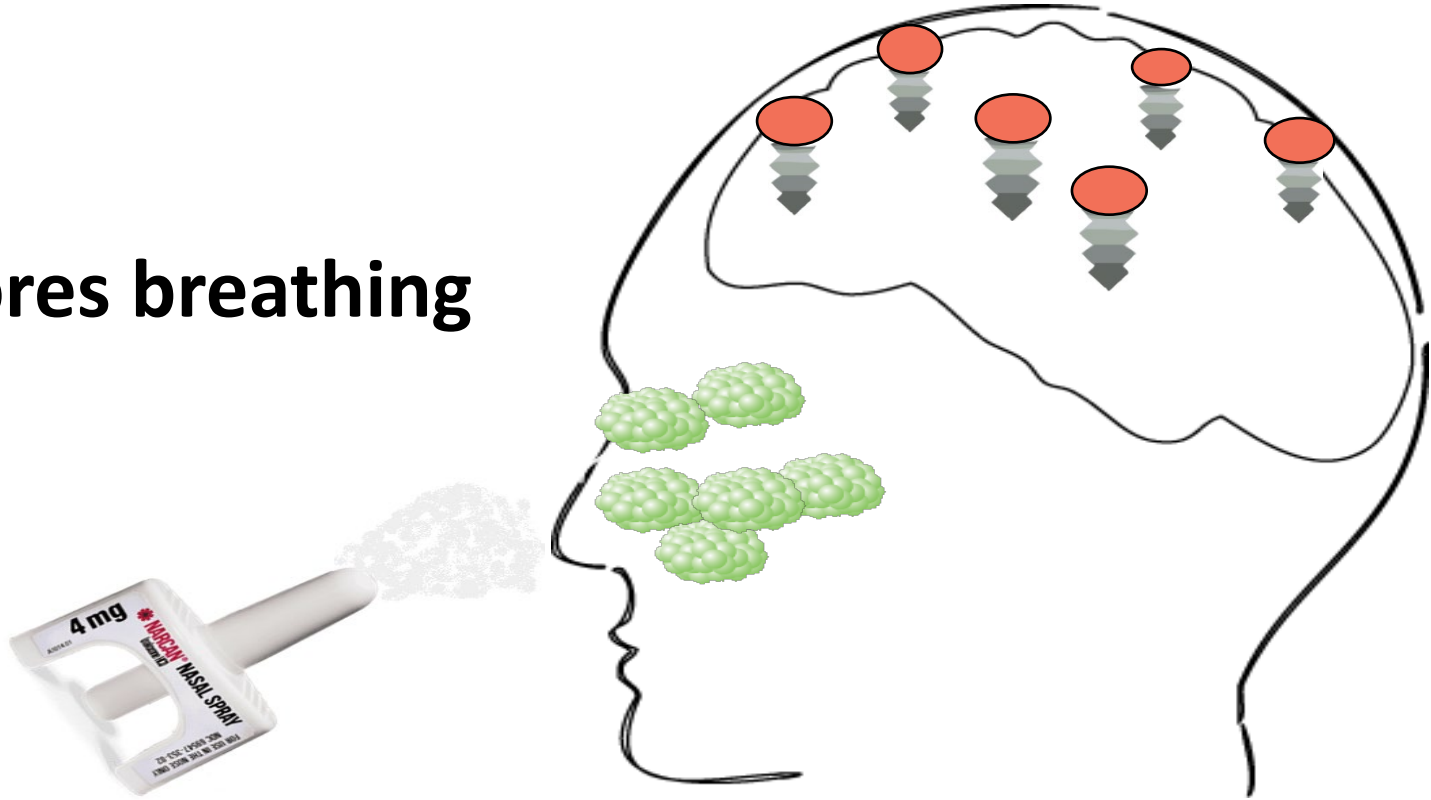
HOW DOES NALOXONE WORK?

- Naloxone knocks the opioid off the opiate receptor in the brain.
- Only blocks opioid receptors; no opioids = no effect.
- Not harmful if no opioids in system.
- *Temporarily* takes away the “high,” giving the person the chance to breathe.
- Naloxone works in 1 to 3 minutes and lasts 30 to 90 minutes.
- Naloxone can **neither** be abused nor cause overdose.



HOW DOES NALOXONE AFFECT BREATHING?

Restores breathing



RESPONDING TO OVERDOSE WITH NALOXONE INTERVENTION

1. Stimulate
2. *Alert EMS/PPE
3. Administer naloxone
4. CPR – Rescue breathing/ventilations
5. Repeat 3 & 4, if necessary
6. Recovery position, if breathing

RESPOND: STIMULATE & ALERT EMS

1. Stimulate the victim with a sternal rub
2. If you don't get a response or the victim's response is slurred, **call EMS for support.**
9-1-1

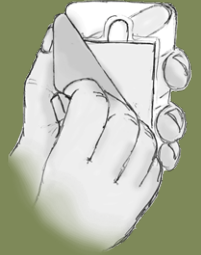


RESPOND: ADMINISTER NALOXONE

3. If no response from stimulation, give naloxone.



Peel



Place



Press



RESPOND: GIVE CPR

4. After the first dose of Naloxone, start CPR.
 - Chest compressions (100 bmp)
 - Only give rescue breaths if you have a way to protect yourself and you feel comfortable to do so

• **Why do we give CPR during an overdose?**

RESPOND:

REPEAT 3 & 4 IF NECESSARY

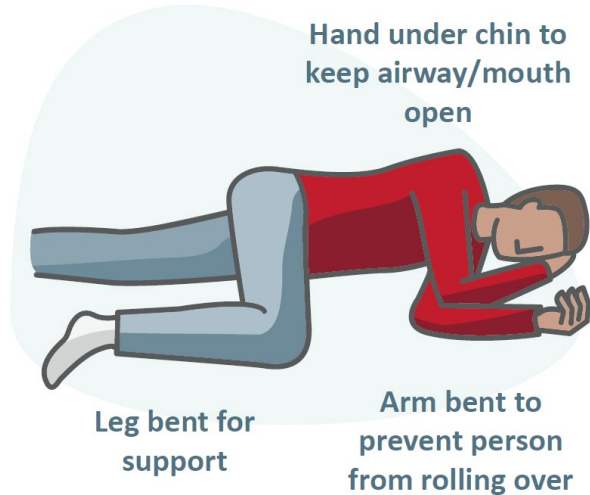
5. After 3-5 minutes, if the victim is still unresponsive with slow or no breathing, administer another dose of naloxone and CPR.



RESPOND:

PLACE VICTIM IN RECOVERY POSITION

6. Recovery position, **only** when breathing is restored



Why do we put overdose victims in the recovery position?

RECAP:

RESPONDING TO OVERDOSE WITH NALOXONE INTERVENTION

1. Stimulate
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Narcan and Kansas Law

AUTHORIZING LEGISLATION

HB 2217 - Emergency Opioid Antagonists

Effective July 1, 2017 – Naloxone/Narcan may be dispensed by pharmacists pursuant to the Statewide Protocol. HB 2217:

An ACT concerning emergency opioid antagonists; relating to standards governing the use and administration thereof; education requirements; civil and criminal liability can be found on the Kansas Board of Pharmacy's website.

RELEVANT REGULATIONS

Approved Permanent KAR 68-7-23

KAR-68-7-23 was approved by the Kansas Attorney General and the Kansas Department of Administration on June 7, 2017:

68-7-23: Dispensing and administration of emergency opioid antagonist without a prescription. There are guidelines and protocols that must be followed. To read KAR-68-7-23 in its entirety please visit the link below for the Kansas Board of Pharmacy.

Visit the [Kansas Board of Pharmacy](#) for complete details.

WHAT PATIENTS and their family members CAN DO:

Talk to the pharmacist/doctor to make sure you have all the information you need before taking any medications.

- Why do I need this medication? Is it right for me?
- Are there non-opioid treatment options that could help with pain relief?
- Could this treatment interact with my other medications?
- What if I have a personal or family history of addiction with tobacco, alcohol or other drugs?
- What should I do with unused medication?

KNOW YOUR OPTIONS

Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- Pain relievers such as acetaminophen, ibuprofen, and naproxen
- Some medications that are also used for depression or seizures
- Physical therapy and exercise
- Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- Never take opioids in greater amounts or more often than prescribed.
- Follow up with your primary health care provider within ____ days.
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don't involve prescription opioids.
 - Talk about any and all concerns and side effects.
- Help prevent misuse and abuse.
 - Never sell or share prescription opioids.
 - Never use another person's prescription opioids.
- Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.



Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.

SAFE USE OF PRESCRIPTION MEDICATION

- Never take prescription medication that is not prescribed to you
- Never take your prescription medication more often or in higher doses than prescribed
- Never drink alcoholic beverages while taking opiate pain killers
- Never share your prescription medications with anyone
- Taking opioids with other depressants such as sleep aids, anti-anxiety medications, or cold medicine can be dangerous
- Tell your healthcare provider about ALL medicines and supplements you take



SAFE STORAGE

- Keep your prescription drugs in a secure, locked location
- Know the location of your prescription medications at all times
- Keep prescription pills in the original bottle with the label attached, and the child resistant cap secured
- Keep track of how many prescription pills are in your bottle so you are immediately aware if any are missing



What older adults did with leftover opioid medications*

Among those who had a prescription for opioids in the past two years



86%

Saved for
later use/kept
at home



13%

Returned to
approved
location**



9%

Disposed,
threw in trash,
or flushed
down toilet

July/August 2018 Report: Older Adults' Experiences with Opioid Prescriptions

*Respondents could select more than one response; **Pharmacy, health care provider, law enforcement, or community takeback event

SAFE DISPOSAL

01

If you have any leftover or expired medications, take them to a drop box at your local pharmacy or police station.

Visit
www.deadiversion.usdoj.gov/pubdispsearch/
to find disposal locations near you

02

Avoid flushing prescription drugs down the toilet

03

Avoid putting prescription medications in the trash so they can't be recollected and used

If you must throw them in the trash, mix them with cat litter or coffee grounds in a sealed bag and destroy the label on the bottle.

04

Use an environmentally-friendly at-home disposal bag which DCCCA will provide for free upon request at www.dccca.org/prevention-services

CONNECT WITH HELP, HOPE, AND RESOURCES

Finding treatment services

<https://www.samhsa.gov/find-treatment>

SAMHSA's National Helpline – free and confidential 24/7

1-800-662-HELP (4357)

1-800-487-4889 (TTY)

<https://www.samhsa.gov/find-help/national-helpline>



RESOURCES

Substance Abuse and Mental Health Services Administration

[SAMHSA.gov](https://www.samhsa.gov)

Centers for Disease Control and Prevention

[CDC.gov/opioids](https://www.cdc.gov/opioids)

Kansas Prescription Drug and Opioid State Plan and Data

www.preventoverdoseks.org

Narcan Information and Programs

www.Narcan.com



Deanne Armstrong

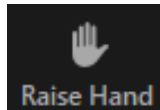
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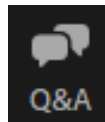


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Questions? Comments? Share With Colleagues What is Working or What is Difficult for Your Team!



Raise your hand to ask a question



Or you may type a question by clicking the **Q&A** icon

Don't hesitate to ask a question at any time during the presentation of the remaining slides

FOR MORE INFORMATION

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From HQIN:

To all essential care giving teams
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Thank you for attending

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