Resource Binder for Naloxone Distribution in Emergency Department

For questions, contact the MaineGeneral Harm Reduction Program at 621-3770.
This binder includes:

- Training slides
- Criteria for dispensing a naloxone kit
- Emergency Department workflow
- Inpatient workflow
- Handout on patient education for naloxone
- Narcan quick-start flyer
- List of treatment services
- Naloxone/Narcan competency assessment with answer key
Emergency Department Naloxone Protocol Training

Erica L. Wegrzyn B.A., B.S., PharmD
PGY-1 Pharmacy Resident
MaineGeneral Medical Center
Objectives

**Purpose:** Assure all individuals prescribed outpatient naloxone receive comprehensive education for opioid overdose recognition, lay person naloxone administration and available community resources.

- Outline responsibilities within the ED workflow for outpatient naloxone distribution
- Provide comprehensive lay person naloxone education following MEDSmart educational literature
- Identify the prevention center role in patient follow-up after discharge
Statistics

• Drug related overdose deaths **surpass** motor vehicle related deaths\(^1\)
  – Leading cause of accidental death nationwide\(^2\)

Maine

• Maine saw a 27.3% increase in drug overdose deaths from 2013 to 2014\(^1\)
  – U.S. overall saw a 6.5% increase\(^1\)

• 829 EMS naloxone administrations in 2014\(^3\)
Federal Initiative

• The secretary for the U.S. Department of Health and Human Services has designed a three-pronged initiative to combat opioid abuse:\(^4\)

  – Opioid prescribing practices to reduce opioid use disorders and overdose
  – Expansion of Medication-assisted Treatment (MAT) to reduce opioid use disorders and overdose
  – Expanded use and distribution of naloxone
Effectiveness of bystander naloxone administration and overdose education programs: a meta analysis

  - Naloxone provides a “safety-net”
  - “Research evidence generally contradicts this claim, as studies have found that participants in naloxone programs report decreased use at follow-up and/or an intention to actively avoid the risk of overdose in the future.”

- Conclusions
  - “Lay naloxone administration and training are associated with increased odds of recovery and increased knowledge of overdose recognition and management.”
Cost-Effectiveness of Distributing Naloxone to Heroin Users for Lay Overdose Reversal

- Coffin PO, Sullivan SD. Annals of Internal Medicine, 2013
  - Integrated Markov and decision analytic model
  - Conclusion:
    - “Naloxone distribution to heroin users is likely to reduce overdose deaths and is cost-effective, even under markedly conservative assumptions”\(^6\)
Overdose Pathophysiology

- Opioids bind to mu, kappa and delta receptors in the brain\(^7\)
  - Analgesia
  - CNS depression
  - Decreased respirations
  - Cardiac Arrest

- Lay Person Recognition of an Overdose\(^8\)
  - Breathing slow or absent
  - Pulse slow or absent
  - Unconsciousness
  - Unresponsive to stimulus
  - Body is limp
  - Skin is pale, blue or clammy
  - Unfamiliar sounds, “gurgling”

Brain damage begins within 3-5 minutes without oxygen\(^9\)
Naloxone has a stronger affinity to the opioid receptors than opioids, such as heroin or oxycodone, so it knocks the opioids off the receptors for a short time (30-90 minutes). This allows the person to breathe again and reverse the overdose.
Naloxone Kinetics

• Onset of action:
  – *Typically within 2 minutes\(^7\)

• Duration of action:
  – *20-90 minutes\(^7\)

*Depends on dose and type of opioid used\(^7\)
Onset and Duration of Action

Therapeutic Dose vs Overdose

An overdose victim must seek emergency medical help following naloxone administration.
Overdose Can Be

• Intentional
• Accidental
  – Many drug-drug interactions
    • Opioids and Antipsychotics
    • Opioids and Ondansetron
  – Relapse after a period of sobriety
  – Adulterated product
Outpatient Naloxone Options

- Narcan® Nasal Spray
- Evzio® Auto Injector
- Naloxone Syringe with Nasal Atomizer
Rural Opioid Overdose Research (ROOR) Grant

Collaborative Initiative

• Harm Reduction Program through the MaineGeneral Prevention Center
• MaineGeneral Medical Center Emergency Departments and Pharmacy
MaineGeneral Emergency Department
Naloxone Distribution

• Providing Narcan® Nasal Spray kits to at risk patients
  – Approved criteria to identify patients who may benefit
  – Printed educational materials outlining inpatient and outpatient resources
  – Referral to the Harm Reduction Program (Prevention Center) for follow-up

Excellence at Work
MaineGeneral Emergency Department Naloxone Distribution Program

• Workflow review
• Intranasal Narcan® product training
• Review of educational materials
Naloxone Distribution Through the Emergency Department: Nurse Workflow

Provider determines patient may benefit from Naloxone Kit

Provider places order in SCM

Inform patient regarding Prevention Center referral

Nurse obtains starter pack kit from Pyxis & educational material packet (MEDSmart bag)

MEDSmart Bag Materials:
- Substance Abuse Treatment & Recovery Resource Sheet
- Save a Life Magnet
- Poison Number sticker
- MEDSmart “Things to Know about Accidental Opiate overdose”

Nurse provides Naloxone education
- Review Signs & Symptoms
- Review of Quick Starter Guide
- Personalized Rescue Strategy

Nurse inserts kit (2 doses of Naloxone) into MEDSmart bag to provide to patient

Nurse reminds patient to establish personalized rescue plan and kit location

MaineGeneral Medical Center

Revised 2/5/16
Naloxone Distribution Criteria

The following list is criteria for consideration regarding who may benefit from receiving overdose prevention education and Naloxone Rescue Kit:

1. History of emergency medical care for intoxication or overdose.
2. Just released from incarceration or institutionalization with history of opioid addiction.
3. Suspected or known history of substance abuse, regardless if currently abstinent.
4. Known severe psychiatric illness or history of suicide attempt.
5. Prescribed long-acting opioid (oxycodone ER, oxymorphone ER, morphine ER, transdermal fentanyl, methadone or buprenorphine).
6. A high daily dose of opioid used (>50 mg morphine equivalent/day).
7. Prescribed opiates or opioid use greater than 30 days.
8. History of or current polyopioid use.
9. Opioid use with certain concurrent diseases such as: renal dysfunction, liver disease, respiratory infection, sleep apnea, COPD, emphysema or other respiratory/airway disease that can lead to potential airway obstruction.
10. Concurrent prescription or OTC medication that could potentiate the CNS and respiratory depressant properties of opioid medications such as benzodiazepines, antipsychotics, carisoprodol or antihistamine use.
11. Patients who may have difficulty accessing emergency medical services (distance, remoteness, lack of transportation, homeless or without phone services).
12. Elderly (> 65) receiving an opioid prescription.
13. Youth under age 20 receiving an opioid prescription.
14. Households with people at risk of overdose, such as children or someone with a substance abuse disorder.
15. If patient ask for a kit
NARCAN® Nasal Spray

Opioid Overdose Response-Instructions for Adults and Children

Important: Do not remove the nasal spray until ready to use. For use in nose only!

1. Check for signs of an overdose
   Ask and shake
   • Will not wake up
   • Slow breathing or breathing has stopped
   • Drowsy or nodding off
   • Skin feels cold to the touch
   • Pinpoint pupils

2. Give NARCAN® Nasal Spray
   Lay person on their back
   • Hold the spray with thumb on the bottom of the applicator and your first and middle fingers on either side of the nozzle
   • Insert tip of nozzle into either nostril
   • Give dose by pressing plunger of applicator
   • Remove applicator from nose

3. Call 911 for medical help
   Move person to recovery position
   • Place person on their side with legs bent and head resting on their arm on the floor
   • Stay with them

REPEAT STEP 2 in other nostril with a new NARCAN® nasal spray if person does not respond in 2-3 minutes
## Family, Individual and Group Counseling

<table>
<thead>
<tr>
<th>Service</th>
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<tr>
<td>AAA Steppingstone LLC</td>
<td>(Waterville)</td>
<td>(207) 649-1762</td>
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<tr>
<td>Aardwolf Counseling LLC</td>
<td>(Waterville)</td>
<td>(207) 696-4225</td>
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<td>Cornerstone Behavioral Healthcare</td>
<td>(Waterville)</td>
<td>(207) 680-2065</td>
<td><a href="http://www.cornerstonebhc.com">www.cornerstonebhc.com</a></td>
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<tr>
<td>Crisis &amp; Counseling Centers</td>
<td>(Skowhegan)</td>
<td>(207) 626-3448</td>
<td><a href="http://www.crisisandcounseling.org">www.crisisandcounseling.org</a></td>
</tr>
<tr>
<td>David Lawrence, MS, LADC, CCS</td>
<td>(Augusta)</td>
<td>(207) 838-0146</td>
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<tr>
<td>Discovery House</td>
<td>(Waterville)</td>
<td>(207) 872-7272</td>
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<tr>
<td>Family Medicine Institute</td>
<td>(Augusta)</td>
<td>(207) 626-1561</td>
<td><a href="http://www.mainegeneral.org/FMI">www.mainegeneral.org/FMI</a></td>
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<tr>
<td>Gall Ferry, LCSW</td>
<td>(Augusta)</td>
<td>(207) 620-8495</td>
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<tr>
<td>Jeff Bickford, LCPC, LADC</td>
<td>(Augusta)</td>
<td>(207) 626-3373</td>
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<tr>
<td>Kennebec Behavioral Health</td>
<td>(Augusta, Winthrop, Waterville, Skowhegan)</td>
<td>1-888-322-2136</td>
<td><a href="http://www.kbhmaime.org">www.kbhmaime.org</a></td>
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<tr>
<td>Lori Green-Stade, LCPC, LADC</td>
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<td>Maine Behavioral Health Organization</td>
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<td>(207) 474-3244</td>
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<tr>
<td>Maine Dartmouth Family Practice</td>
<td>(Waterville)</td>
<td>(207) 861-5000</td>
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<td>MaineGeneral Mental Health &amp; Substance Abuse Services</td>
<td>(Augusta, Waterville)</td>
<td>1-877-777-9393</td>
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<tr>
<td>Maine Migrant Health Program</td>
<td>(Augusta)</td>
<td>(207) 622-9252</td>
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<tr>
<td>Scott Leblanc, LADC</td>
<td>(Skowhegan)</td>
<td>(207) 399-3286</td>
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<tr>
<td>Tina Roy, LADC</td>
<td>(Waterville)</td>
<td>(207) 314-7544</td>
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## Intensive Outpatient Programs (IOP)

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Excellence at Work
### Medication Assisted Treatment (methadone/suboxone)

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<td>(Augusta)</td>
<td>(207) 626-1561</td>
<td><a href="http://www.maine.general.org/FMI">www.maine.general.org/FMI</a></td>
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<tr>
<td>Jennifer McConnell, MD</td>
<td>(Winthrop)</td>
<td>(207) 620-4449</td>
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<tr>
<td>Malene Behavioral Health Organization</td>
<td>(Augusta, Skowhegan)</td>
<td>(207) 474-3244</td>
<td><a href="http://www.malenebehavioralhealth.org">www.malenebehavioralhealth.org</a></td>
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<tr>
<td>Malene General Medical Center Opiate Treatment Clinic</td>
<td>(Waterville)</td>
<td>1-877-777-9393</td>
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<tr>
<td>Malene General Psychiatry</td>
<td>(Augusta)</td>
<td>(207) 624-4800</td>
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<tr>
<td>Malene Recovery Center</td>
<td>(Augusta, Waterville)</td>
<td>(207) 213-4256</td>
<td><a href="http://www.malene.recovery.guru">www.malene.recovery.guru</a></td>
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### Residential Treatment Centers

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<td>Adult &amp; Teen Challenge New England Adult Males</td>
<td>(Waterville)</td>
<td>(207) 872-7277</td>
<td><a href="http://www.discoveryhouse.com">www.discoveryhouse.com</a></td>
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<td>(207) 626-3448</td>
<td><a href="http://www.crisisandcounseling.org">www.crisisandcounseling.org</a></td>
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<tr>
<td>Family Violence Project Somerset House</td>
<td>(Augusta, Waterville)</td>
<td>1-877-890-7788</td>
<td><a href="http://www.familyviolenceproject.org">www.familyviolenceproject.org</a></td>
</tr>
<tr>
<td>Malene General Mental Health &amp; Substance Abuse Services</td>
<td>(Augusta, Sidney)</td>
<td>1-877-777-9393</td>
<td><a href="http://www.malene.general.org/BHS">www.malene.general.org/BHS</a></td>
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<tr>
<td>Treetop Women’s Recovery House</td>
<td>(Oakland)</td>
<td>(207) 458-2234</td>
<td><a href="http://www.treetop.womens.recovery.house.com">www.treetop.womens.recovery.house.com</a></td>
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### Self-help and Support Programs

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<td>Catholic Charities Maine</td>
<td>(Waterville, Augusta)</td>
<td>(207) 453-4368</td>
<td><a href="http://www.ccmalene.org">www.ccmalene.org</a></td>
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<tr>
<td>Malene Mothers Network</td>
<td>(State-wide)</td>
<td>(207) 314-8866</td>
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<tr>
<td>Malene Alliance for Addiction Recovery</td>
<td>(Augusta)</td>
<td>(207) 621-4111</td>
<td><a href="http://www.masap.org">www.masap.org</a></td>
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<tr>
<td>Narctics Anonymous</td>
<td>(Portland)</td>
<td>1-800-974-0062</td>
<td><a href="http://www.namalene.org">www.namalene.org</a></td>
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<tr>
<td>Portland Recovery Community Center Telephone support service</td>
<td>(Portland)</td>
<td>(207) 553-2575</td>
<td><a href="http://www.portlandrecovery.org">www.portlandrecovery.org</a></td>
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<tr>
<td>SMART Recovery Group</td>
<td>(Augusta)</td>
<td>(207) 458-4366</td>
<td></td>
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<tr>
<td>The Opportunity Alliance — The Women’s Project</td>
<td>(Portland)</td>
<td>1-800-611-1588</td>
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Accidental Overdose

Did you know?
Did you know that drug poisoning is now the leading cause of accidental death in the U.S.? Some people are at risk for medication poisoning even when the medication is used correctly.

We lose approximately one Mainer every other day to drug poisoning.

People at risk of opiate overdose include (but are not limited to):
- Someone taking an opiate for the first time
- Someone who also drinks alcohol
- Someone with a kidney disease or poor kidney function
- Someone who smokes
- Someone with a respiratory problem like asthma, sleep apnea or emphysema
- Someone who also takes an antidepressant and/or a benzodiazepine
- Someone in methadone or buprenorphine (Suboxone or Subutex) treatment

Signs & symptoms of overdose:
- Not breathing
- Turning blue
- Not responding
- Snoring deeply
- Central nervous system problems (confusion, vertigo, nausea, vomiting, seizures)

Shake and Ask OR Sternal (Chest) Rub:
To check if someone is unresponsive, use the sternal (chest) rub.

What to do:
- Give Naloxone if available
- Call 911
- Place the person in the recovery position, on his/her side (see picture below)
- If the victim is not breathing:
  - Place the person on his/her back
  - Open the victim’s airway
  - Pinch the victim’s nose shut
  - Seal your mouth over the victim’s mouth and give him/her a breath
  - Give the victim one breath every five seconds until help arrives, or he/she starts to breathe on his/her own

Recovery position:
Questions about overdose, treatment or recovery?

Call 872-4102

Next Step

We are here for you:
- Needle exchange
- HIV/Hepatitis C testing
- Overdose prevention and Naloxone education
- Harm reduction resources
- Treatment and recovery resources

To learn more:
- Center for Prevention and Healthy Living: 872-4012
- Harm Reduction: 621-3770

Put these stickers on your phones!

POISON Help
1-800-222-1222

POISON EMERGENCY?
Call your poison center right away.

Save a Life

1. Check for response
   Ask and Shake
2. Give naloxone
3. Call 911

My Emergency Opiate Overdose Kit
is located here:

Excellence at Work
“The scourge of heroin and opioid abuse is an extraordinary crisis requiring an all hands on deck approach.” – Janet T. Mills, Attorney General

“No one group or sector is the cause of the problem or the source of the cure; nor will the problem be solved by a single act, a single piece of legislation or one government fiat.” – Janet T. Mills, Attorney General
Contacts

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PGY-1 Pharmacy Resident
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Harm Reduction Program
Health Educator
MaineGeneral Prevention Center
Phone: 872-4102
Acknowledgements

Thank you

Lilly Landry, Colby College ’17

MaineGeneral Prevention Center
Reference


5. Giglio RE, Guohua L, DiMaggio C. Effectiveness of bystander naloxone administration and overdose education programs: a meta-analysis. Inj Epidemiol. 2015; 2:10


Handouts

For questions, contact the MaineGeneral Harm Reduction Program at 621-3770.
Criteria for Naloxone Kit

The following list is criteria for consideration regarding who may benefit from receiving overdose prevention education and Naloxone Rescue Kit:

1) History of emergency medical care for intoxication or overdose.
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3) Suspected or known history of substance abuse, regardless if currently abstinent.
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11) Patients who may have difficulty accessing emergency medical services (distance, remoteness, lack of transportation, homeless or without phone services).
12) Elderly (> 65) receiving an opioid prescription.
13) Youth under age 20 receiving an opioid prescription.
14) Households with people at risk of overdose, such as children or someone with a substance abuse disorder.
15) If patient ask for a kit

(Distribution of free naloxone kits will be made to all patients until the ROOR resources are expended. Prescriptions for refills will be written for all patients given emergency kits.)
Naloxone Distribution Through the Emergency Department: Nurse Workflow

Provider determines patient may benefit from Naloxone Kit

Provider places order in SCM

Inform patient regarding Prevention Center referral

Nurse obtains starter pack kit from Pyxis & educational material packet (MEDSmart bag)

MEDSmart Bag Materials:
- Substance Abuse Treatment & Recovery Resource Sheet
- Save a Life Magnet
- Poison Number sticker
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Nurse reminds patient to establish personalized rescue plan and kit location

MaineGeneral Medical Center

Center for Prevention & Healthy Living
Harm Reduction Program
Revised 2/8/16
Rural Opioid Overdose Reversal Grant – Emergency Room Workflow

**Phase 1**: Patient enters ED with Opioid OD

**RN evaluates and triages pt**

**Care provided by RN**

**Provider evaluates and makes diagnostic/therapeutic plan**

**Provider re-evaluates patient**

**Disposition plan made (home vs. admit vs. transfer)**

**HR Team makes proactive outreach calls to patients**

**Assess pt educational/resource needs**

**Prevention Center Referral Triggered Electronically**

**Additional Community Resources**

**Naloxone Training**

**Overdose Prevention Education**

**Rx written and printed**

**Take-home pharmacy orders written (Nasal Narcan to go)**

**RN obtains Narcan from Pyxis, assembles kit with educational materials**

**ED RN provides patient education**

**Family Members/Support persons who need/want education?**

**Yes**

**ED RN provides training to family on signs/symptoms of OD, Naloxone Administration**

**Patient discharged with educational materials, naloxone kit, script for refill**

**No**

**Patient discharged with educational materials, naloxone kit, script for refill**

**Repeat previous steps as needed**

**Prevention Center**

**Referral Triggered Electronically**

**Additional Community Resources**

**Naloxone Training**

**Overdose Prevention Education**

**Order entered (naloxone script, documented in SCM)**

**RN evaluates and triages pt**

**Care provided by RN**

**Provider evaluates and makes diagnostic/therapeutic plan**

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**Referral Triggered Electronically**

**Additional Community Resources**

**Naloxone Training**

**Overdose Prevention Education**
Patient enters

Orders entered (naloxone script, documented in SCM)

Care provided by RN

RN provides patient education

Family Members/Support persons who need/want education?

Yes

RN obtains Narcan from Pyxis, assembles kit with educational materials

RN provides training to family on signs/symptoms of OD, Naloxone Administration

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No

RN obtains Narcan from Pyxis, assembles kit with educational materials

RN provides training to family on signs/symptoms of OD, Naloxone Administration

Patient discharged with educational materials, naloxone kit, script for refill

Patient screened for naloxone distribution criteria

Provider evaluates and makes diagnostic/therapeutic plan

Provider evaluates and makes diagnostic/therapeutic plan

Provider re-evaluates patient

Disposition plan made (home vs. admit vs. transfer)

Patient screened for naloxone distribution criteria

Discharge instructions written and printed

Rx written and printed

Take-home pharmacy orders written (Nasal Narcan to go)

Pharmacy/Pyxus release one kit (2 doses) intranasal naloxone

Prevention Center Referral Triggered Electronically

HR Team makes proactive outreach calls to patients

Assess pt educational/resource needs

Additional Community Resources

Naloxone Training

Overdose Prevention Education

Repeat previous steps as needed

Provider reviews diagnostic results/results of treatment

Care provided by RN

Provider evaluates and triages pt

RN evaluates and triages pt
Patient Education for Naloxone

Objectives: At the completion of the patient education session, the patient and family will be able to:

1. Describe 3 to 5 signs and symptoms of opiate overdose
2. Describe how to determine if Naloxone is needed
3. "Teach back" the steps of using Narcan, calling 911, and recovery position
4. Describe when a second dose is needed
5. Describe why calling 911 is necessary every time

Teaching method:

1. Review the list of signs and symptoms of drug overdose using the green brochure, “Things to know About Accidental Opiate Overdose” provided in the MedSMART bag.

2. Describe for patient and family that when a person does not respond to touch or having their name called etc. and you believe they have used an opiate and other drugs, it’s time to use naloxone.

4. Describe for patient and family the magnet in the MedSMART bag should be placed on their refrigerator. There is a place at the bottom of the magnet where they need to write where their Narcan is placed within their home for easy accessibility when needed.

5. Review “Substance Abuse Services” Sheet for available resources as well as the Harm Reduction wallet Card for additional resources offered at MaineGeneral Harm Reduction Program.

6. Review with patient/family that someone within the MaineGeneral Prevention Center will be calling to follow-up with on questions they may have with their Narcan or any other concerns they may have.
**NARCAN® Nasal Spray**

Opioid *Overdose Response-Instructions* for Adults and Children

**Important:** Do not remove the nasal spray until ready to use. For use in nose only!

1. **Check for signs of an overdose**
   - Ask and shake
     - Will not wake up
     - Slow breathing or breathing has stopped
     - Drowsy or nodding off
     - Skin feels cold to the touch
     - Pinpoint pupils

2. **Give NARCAN® Nasal Spray**
   - Lay person on their back
     - Hold the spray with thumb on the bottom of the applicator and your first and middle fingers on either side of the nozzle
     - Insert tip of nozzle into either nostril
     - Give dose by pressing plunger of applicator
     - Remove applicator from nose

3. **Call 911 for medical help**
   - Move person to recovery position
     - Place person on their side with legs bent and head resting on their arm on the floor
     - Stay with them

**REPEAT STEP 2 in other nostril with a new NARCAN® nasal spray if person does not respond in 2-3 minutes**
### Family, Individual and Group Counseling

<table>
<thead>
<tr>
<th>Organization</th>
<th>Location</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAA Steppingstone LLC</td>
<td>(Waterville)</td>
<td>(207) 649-1762</td>
<td></td>
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<tr>
<td>Aardwolf Counseling LLC</td>
<td>(Waterville)</td>
<td>(207) 696-4225</td>
<td></td>
</tr>
<tr>
<td>Cornerstone Behavioral Healthcare</td>
<td>(Waterville)</td>
<td>(207) 680-2065</td>
<td><a href="http://www.cornerstonebhc.com">www.cornerstonebhc.com</a></td>
</tr>
<tr>
<td>Crisis &amp; Counseling Centers</td>
<td>(Skowhegan)</td>
<td>(207) 626-3448</td>
<td><a href="http://www.crisisandcounseling.org">www.crisisandcounseling.org</a></td>
</tr>
<tr>
<td>David Lawrence, MS, LADC, CCS</td>
<td>(Augusta)</td>
<td>(207) 838-0146</td>
<td></td>
</tr>
<tr>
<td>Discovery House</td>
<td>(Waterville)</td>
<td>(207) 872-7272</td>
<td><a href="http://www.discoveryhouse.com">www.discoveryhouse.com</a></td>
</tr>
<tr>
<td>Family Medicine Institute</td>
<td>(Augusta)</td>
<td>(207) 626-1561</td>
<td><a href="http://www.mainegeneral.org/FMI">www.mainegeneral.org/FMI</a></td>
</tr>
<tr>
<td>Gail Ferry, LCSW</td>
<td>(Augusta)</td>
<td>(207) 620-8495</td>
<td></td>
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<tr>
<td>Jeff Bickford, LCPC, LADC</td>
<td>(Augusta)</td>
<td>(207) 626-3373</td>
<td></td>
</tr>
<tr>
<td>Kennebec Behavioral Health</td>
<td>(Augusta, Winthrop, Waterville, Skowhegan)</td>
<td>1-888-322-2136</td>
<td><a href="http://www.kbhmaine.org">www.kbhmaine.org</a></td>
</tr>
<tr>
<td>Lori Green-Stade, LCPC, LADC</td>
<td>(Augusta)</td>
<td>(207) 838-0146</td>
<td></td>
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<tr>
<td>Maine Behavioral Health Organization</td>
<td>(Augusta)</td>
<td>(207) 474-3244</td>
<td><a href="http://www.mainebehavioralhealth.org">www.mainebehavioralhealth.org</a></td>
</tr>
<tr>
<td>Maine Dartmouth Family Practice</td>
<td>(Waterville)</td>
<td>(207) 861-5000</td>
<td></td>
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<tr>
<td>MaineGeneral Mental Health &amp; Substance Abuse Services</td>
<td>(Augusta, Waterville)</td>
<td>1-877-777-9393</td>
<td><a href="http://www.mainegeneral.org/BHS">www.mainegeneral.org/BHS</a></td>
</tr>
<tr>
<td>Maine Migrant Health Program</td>
<td>(Augusta)</td>
<td>(207) 622-9252</td>
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<tr>
<td>Scott Leblanc, LADC</td>
<td>(Skowhegan)</td>
<td>(207) 399-3286</td>
<td></td>
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<tr>
<td>Tina Roy, LADC</td>
<td>(Waterville)</td>
<td>(207) 314-7544</td>
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### Intensive Outpatient Programs (IOP)

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## Medication Assisted Treatment (methadone/suboxone)

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<td>Discovery House</td>
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<tr>
<td>Family Medicine Institute</td>
<td>Augusta</td>
<td>(207) 626-1561</td>
<td><a href="http://www.mainegeneral.org/FMI">www.mainegeneral.org/FMI</a></td>
</tr>
<tr>
<td>Jennifer McConnell, MD</td>
<td>Winthrop</td>
<td>(207) 620-4449</td>
<td></td>
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<tr>
<td>Maine Behavioral Health Organization</td>
<td>Augusta, Skowhegan</td>
<td>(207) 474-3244</td>
<td><a href="http://www.mainebehavioralhealth.org">www.mainebehavioralhealth.org</a></td>
</tr>
<tr>
<td>MaineGeneral Medical Center Opiate Treatment Clinic</td>
<td>Waterville</td>
<td>1-877-777-9393</td>
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<tr>
<td>MaineGeneral Physiaty</td>
<td>Augusta</td>
<td>(207) 624-4800</td>
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</tr>
<tr>
<td>Maine Recovery Center</td>
<td>Augusta, Waterville</td>
<td>(207) 213-4256</td>
<td><a href="http://www.mainerecovery.guru">www.mainerecovery.guru</a></td>
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## Residential Treatment Centers

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<th>Organization</th>
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<tbody>
<tr>
<td>Adult &amp; Teen Challenge New England Adult Males</td>
<td>Waterville</td>
<td>207) 872-7272</td>
<td><a href="http://www.discoveryhouse.com">www.discoveryhouse.com</a></td>
</tr>
<tr>
<td>Crisis &amp; Counseling Centers</td>
<td>Augusta</td>
<td>(207) 626-3448</td>
<td><a href="http://www.crisisandcounseling.org">www.crisisandcounseling.org</a></td>
</tr>
<tr>
<td>Family Violence Project Somerset House</td>
<td>Augusta, Waterville</td>
<td>1-877-890-7788</td>
<td><a href="http://www.familyviolenceproject.org">www.familyviolenceproject.org</a></td>
</tr>
<tr>
<td>MaineGeneral Mental Health &amp; Substance Abuse Services</td>
<td>Augusta, Sidney</td>
<td>1-877-777-9393</td>
<td><a href="http://www.mainegeneral.org/BHS">www.mainegeneral.org/BHS</a></td>
</tr>
<tr>
<td>Treetop Women’s Recovery House</td>
<td>Oakland</td>
<td>(207) 458-2234</td>
<td><a href="http://www.treetopwomensrecoveryhouse.com">www.treetopwomensrecoveryhouse.com</a></td>
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## Self-help and Support Programs

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<tr>
<td>Catholic Charities Maine</td>
<td>Waterville, Augusta</td>
<td>(207) 453-4368</td>
<td><a href="http://www.ccmaine.org">www.ccmaine.org</a></td>
</tr>
<tr>
<td>Linc Wellness &amp; Recovery Center</td>
<td>Augusta</td>
<td>(207) 622-5736</td>
<td><a href="http://www.mocomaine.com/linc-wellness-recovery-center/">www.mocomaine.com/linc-wellness-recovery-center/</a></td>
</tr>
<tr>
<td>Maine Mothers Network</td>
<td>(State-wide)</td>
<td>(207) 314-8866</td>
<td></td>
</tr>
<tr>
<td>Maine Alliance for Addiction Recovery</td>
<td>Augusta</td>
<td>(207) 621-4111</td>
<td><a href="http://www.masap.org">www.masap.org</a></td>
</tr>
<tr>
<td>Narcotics Anonymous</td>
<td>Portland</td>
<td>1-800-974-0062</td>
<td><a href="http://www.namaine.org">www.namaine.org</a></td>
</tr>
<tr>
<td>Portland Recovery Community Center Telephone support service</td>
<td>Portland</td>
<td>(207) 553-2575</td>
<td><a href="http://www.portlandrecovery.org">www.portlandrecovery.org</a></td>
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<tr>
<td>SMART Recovery Group</td>
<td>Augusta</td>
<td>(207) 458-4366</td>
<td></td>
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<tr>
<td>The Opportunity Alliance — The Women’s Project</td>
<td>Portland</td>
<td>1-800-611-1588</td>
<td></td>
</tr>
<tr>
<td>Waterville Social Club</td>
<td>Waterville</td>
<td>(207) 873-1027</td>
<td><a href="http://www.mocomaine.com/linc-wellness-recovery-center/">www.mocomaine.com/linc-wellness-recovery-center/</a></td>
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</table>
Emergency Department RN Naloxone Protocol Competency

Opioid overdose related deaths in Maine increased by more than 4 times the national average:

True
False

Naloxone onset of action is typically within ____ and duration of action is ____. These depend greatly on the amount and type of opioid used.

A.) ~2 minutes; 120-150 minutes
B.) ~8 minutes; 120-150 minutes
C.) ~2 minutes; 20-90 minutes
D.) ~8 minutes; 20-90 minutes

Overdose can occur as a result of ________

A.) Drug-drug interactions
B.) Relapse after a period of sobriety
C.) Use of an unknown adulterated product
D.) All of the above

Naloxone kits for outpatient use should be obtained from ________.

A.) They will already be inside the MEDSmart bags in the med rooms
B.) Pyxis then placed inside of the MEDSmart bags
C.) Med room cabinets then placed inside of the MEDSmart bags
D.) None of the above

The new FDA approved Narcan (naloxone) product being distributed to patients requires half the volume of each applicator to be sprayed in each nostril for a single administration

True
False

Which of the following is the correct instructions for administration:

A.) Place the patient in the rescue position; Administer entire contents of Narcan nasal spray in one nostril; Call 911; If no response in 2-3 minutes repeat Narcan administration in other nostril

B.) Call 911; Administer entire contents of Narcan nasal spray in one nostril; Place the patient in the rescue position; If no response in 2-3 minutes repeat Narcan administration in other nostril

C.) Call 911; Place the patient in the rescue position; Administer entire contents of Narcan nasal spray in one nostril; If no response in 2-3 minutes repeat Narcan administration in other nostril

D.) Administer entire contents of Narcan nasal spray in one nostril; Call 911; Place the patient in the rescue position; If no response in 2-3 minutes repeat Narcan administration in other nostril