

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION I:	PATIENT FOCUSED FUNCTIONS
CHAPTER 2:	Provision of Care, Treatment and Services
PROCEDURE 2.50:	Naloxone Prescribing for Discharge
REVISED:	02/18
Governing Body Approval:	10/13/16 (<i>New</i>); 04/18

PURPOSE: To provide access to naloxone for our patients at risk for opioid overdose following discharge.

Introduction: Opioid antagonists are used to reverse potentially dangerous side effects secondary to acute opioid overdose. These adverse effects include respiratory depression, marked sedation and hypotension, possible leading to death.

Due to the growing epidemic of opioid overdoses secondary to abuse, all patients with known risk factors for overdose will be educated about naloxone and offered prescriptions for intranasal naloxone at the time of discharge. Intranasal naloxone has advantages to IM dosing in being easier to use, more acceptable to the public, and achieving higher and more prolonged plasma concentrations.

To increase compliance, dispensing intranasal naloxone at the time of discharge is preferred. For those patients where this is not practical (unexpected discharges, etc.) a prescription will be offered for intranasal naloxone depending on patient ability to pay for the naloxone.

SCOPE: Physicians, APRNs, RNs, Pharmacists

POLICY:

It is the policy of CVH to educate all patients about the risk of opioid overdose, the use of naloxone and to provide access to naloxone at the time of discharge to patients at risk for opioid overdose. Intranasal naloxone is to be readily available upon discharge.

PROCEDURE:

All substance use patients:

- A. During their stay in the addiction services program, all patients will be offered education about opiate overdose, the increasing risk, and methods to reduce the risk and treat overdoses while waiting for emergency services. The method of education (handout, group, individual counseling, etc.) will be documented in the record.

Discharged patients:

- A. If a patient is considered to be at risk of an opioid overdose following discharge, the patient will be offered a prescription for intranasal naloxone.

- B. Patients will be educated on the proper administration of intranasal prior to discharge.
- C. Two types of prescriptions are available; a yellow prescription may be filled by the CVH inpatient pharmacy and dispensed to the patient upon discharge, or a blue prescription can be filled at an outpatient pharmacy.
- D. If a patient refuses naloxone upon discharge, the reason shall be documented in the integrated progress notes and the Discharge/Aftercare Plan (ASD/BH) ([CVH-2a](#)) or Discharge/Aftercare Plan (GPD) ([CVH-2](#)).