Narcan (Naloxone)
Use in Long-Term Care Facilities
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Disclosures
- None

Objectives
- 1. Understand and describe the role of naloxone (Narcan) as a tool to prevent deaths and combat the opioid overdose epidemic.
- 2. List the currently available forms of naloxone (Narcan).
- 3. Review current regulations regarding naloxone (Narcan) prescribing and administration in a LTC facility (both ALFs and SNFs).
- 4. Review sample facility policy and apply knowledge to draft policies and procedures for your facility.
Opioid Problem

- National Scale
  - CDC reported in 2018 that 2.1 million people suffer from an opioid misuse disorder.
  - 11.1 million people self-report misuse of opioids.
  - More than ½ the deaths from drug overdose were opioid-related in 2017.
  - Problem has rapidly escalated over the past 10 years.

Opioid Problem

- Local Scale
  - More people die of opioid overdose in WI than car crashes.
  - Executive Order 214 - Public Health Advisory.
  - In an effort to reduce death and disability from opioid abuse, Wisconsin is striving to:
    - Expand access and use of naloxone—a safe antidote to reverse opioid overdose.
    - This is a complicated problem which requires a cooperative effort of partners, organizations, and communities. Many are already working on efforts to combat this crisis, and we now call for redoubled efforts and increased coordination. We are all in this together.
What Happened? Pain

Pain Receptors
**FOCUS 2019**

**Wisconsin Division of Quality Assurance**

**November 20 and 21, 2019**

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### Chronic pain cycle

Unlike acute pain, chronic pain is a disease driven by a cyclic process. Opioids fuel stages of the pain cycle.

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### CDC Clinical Reminders for Prescribing Opioids for Chronic Pain

**Determining When to Initiate or Continue Opioids for Chronic Pain**

- Opioids are not first-line or second-line therapy for chronic pain.
- Evaluate benefits and risks of opioids with patient.

**Opioid Selection, Dosage, Duration, Follow-Up, and Discontinuation**

- Take immediate-release opioids when starting.
- When opioids are needed for acute pain, prescribe no more than needed.
- Do not prescribe extended-release/opioids for acute pain.
- Follow and reassess risks of harms reduce dose or taper and discontinue if needed.

**Assessing Risk and Addressing Harms of Opioid Use**

- Evaluate risk factors for opioid-related harms.
- Check prescription drug monitoring program (PDMP) for high dosages or high prescriptions.
- Use a urine drug testing to identify abuse and improper use.
- Avoid concurrent benzodiazepines and opioid prescribing.
- Arrange treatment for opioid use disorder (if needed).

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### THE DRUGS

**THE FDA HAS APPROVED 13 OPIOID DRUGS**

The generic names are listed here. Drugs primarily used in surgery (such as atropine) and reinforcers (i.e., naltrexone) were not included.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Opioid Drug Potency Compared With Oral Morphine</th>
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<tbody>
<tr>
<td>Meperidine</td>
<td>20 times</td>
</tr>
<tr>
<td>Transdermal Fentanyl</td>
<td>10 times</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>10 times</td>
</tr>
<tr>
<td>Methadone</td>
<td>10 times</td>
</tr>
<tr>
<td>Methadone/naloxone</td>
<td>10 times</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>10 times</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>10 times</td>
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<tr>
<td>Nalbuphine</td>
<td>10 times</td>
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<tr>
<td>Nalorphine</td>
<td>10 times</td>
</tr>
<tr>
<td>Piritramide</td>
<td>10 times</td>
</tr>
<tr>
<td>Dolobene</td>
<td>10 times</td>
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</tbody>
</table>

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Naloxone (Narcan)

- Can reverse an opioid overdose
- Does not work with any non-opioid overdose
- Will not cause harm if given to someone not experiencing opioid overdose
- Is not addictive

What Happens During Opioid Overdose

- High doses of Opioids result in three main symptoms (Triad)
  - Pinpoint Pupils (opioids stimulate the parasympathetic response)
  - Unconsciousness
  - Respiratory Depression (opiate receptors located on neurons in brainstem respiratory centers)
Naloxone – Who should get it?

- Anyone prescribed an opioid at a dose >50 MME per day
- Or any caregiver, friend or family member
- Anyone who would have the opportunity to use it
- What does MME mean
  - MME = Morphine Milligram Equivalents
  - Recommended to have naloxone available if >50 MME per day but still at increased risk with MME in the 20-30 range
- Free Opioid Guide App from CDC:  
  - www.cdc.gov/drugoverdose/prescribing/app.html
  - MME calculator, Prescribing Guidelines, Resources and interactive motivational interviewing module (practise effective communication skills regarding pain management)

How much is 20-50 MMEs?

- Oxycodone/Acetaminophen (Percocet) 5-325mg q4h prn
  - Resident takes 2 tabs per day
  - 15 MMEs
- Oxycodone (oxycodone ER) 15 mg BID
  - 45 MMEs
- Fentanyl (Duragesic) Patch 25mcg change every 72 hours
  - 60 MMEs
What are some other risk factors?

- Using a combination of medications such as benzodiazepines and opioids
- Patients with an opioid use disorder in treatment or history
- Patients with pre-existing respiratory disease such as COPD, Asthma, sleep apnea
- Patients with mental health condition (depression/anxiety)
- Any patient with a newly prescribed opioid
- History of overdose
- OTC sterile syringe purchase
- Untreated substance abuse disorder
- Period of abstinence (recently out of treatment, long hospital stay)

Opioids and Benzodiazepines

- Commonly Prescribed: Valium (diazepam), Ativan (lorazepam), Xanax (alprazolam), Klonopin (clonazepam), Restoril (temazepam)
- Concomitant use with opioids: [US Boxed Warning]: Concomitant use of benzodiazepines and opioids may result in profound sedation, respiratory depression, coma, and death. Reserve concomitant prescribing of these drugs for use in patients for whom alternative treatment options are inadequate. Limit dosages to the minimum required. Follow patients for signs and symptoms of respiratory depression and sedation.
Naloxone – How do you get it?

- Prescription from provider
- Wisconsin standing order issued by Dr. Jonathan Meiman allowing pharmacies to provide naloxone to at-risk patients, friends or family with or without a prescription
  - [https://www.dhs.wisconsin.gov/library/naloxone-directory.htm](https://www.dhs.wisconsin.gov/library/naloxone-directory.htm)
  - Currently being revised with some new features
- SNF – Ensure Naloxone is available in your contingency/emergency kit
- CBF – Can have supply stored at facility per guidance from DHS/DQA

Naloxone – How is it supplied?

- Naloxone Intranasal
  - Kit preassembled 4mg/0.1ml
  - Kit requiring assembly 1mg/ml
- Auto-Injector Naloxone 0.4mg/0.4ml
- Naloxone solution for injection 0.4mg/ml
Ready to use Nasal Spray

KEY STEPS TO ADMINISTERING NARCAN® NASAL SPRAY:

PEEL
Place and hold the tip of the nozzle in the nose of the patient's nostril.

PLACE
Press the plunger firmly to release the dose into the patient's nostril.

PRESS
Peel back the package to remove the device. Hold the device with your fingers and 2 fingers on the nozzle.

https://www.narcan.com/patients/how-to-use-narcan/

Naloxone Nasal Spray – Requiring Assembly

https://www.health.harvard.edu/blog/should-you-carry-the-opioid-overdose-rescue-drug-naloxone-2018050413773
Evzio – Auto-Injector

How to Give Nasal Spray Naloxone

1. Remove yellow cap
2. Lift nozzle and depress
3. Clip over plastic rings
4. Hold the nozzle against the nose
5. Insert inside nose and press down
6. Apply enough pressure

Evzio, 2 mg

Outer Case

Viewing Window

Lids

Base

Safety Guard

EVZIO, 2 mg
Using EVZIO: Administration steps

1. Pull OFF the needle safety guard.
2. Hold the EVZIO by the black handle with your dominant hand, and place the needle against the person's bare skin. Do not use gloves or a safety needle. Place your other hand on top of the needle and compression. Using the needle against the skin, carefully inject the contents of the needle into the skin, using a quick, sharp motion.
3. Place the black end of EVZIO against the skin, then pull the blue handle up to remove the needle safety guard. EVZIO may cause a puncture wound. Be careful not to inject EVZIO into the same area more than once. EVZIO is a single-dose vial and cannot be reconstituted for use in other patients.

Naloxone Solution for Injection

https://evzio.com/patient/how-to-use-evzio/

Administration of Naloxone Intramuscular

1. Position the patient in an upright seated position.
2. Insert the needle into the muscle of the upper arm or buttock. Be sure to use the lowest muscle in the area of the injection. This will help avoid the blood vessels.
3. Give the naloxone at a rate of 0.4 mg/kg over 1 to 2 minutes. Do not use a syringe for this purpose. For more detailed information on how to use OD, visit https://communitypharmacy.coop/resources/opioid-overdose-prevention/
Naloxone – How do you administer?

- How to give Naloxone

Skilled Nursing Facilities

- Regulations
  - Allow for emergency supply of medications
- Nursing staff on site
Skilled Nursing Facilities

- Review facility standing orders to include Naloxone
- Identify what product you have in your emergency/contingency kit
- Create a policy and procedure and ensure all staff are trained on the policy and on how to find and administer the specific Naloxone you have on-site
- Documentation of administration and actions taken

Assisted Living

- Get a standing order for your facility from medical director or facility MD
- Identify which product you have or would like to store
- Need Policies for:
  - Emergency Response (should have this already but may need to add naloxone)
  - Naloxone administration
  - Staff training
- Who can administer the naloxone
- How will you document the intervention

CBRF

- No waiver or variance is needed to store or administer naloxone in CBRF
- Trained CBRF resident care staff can administer nasal spray naloxone
- A registered nurse can administer nasal or injectable naloxone. The RN can also delegate this task to staff that have completed DHS approved CBRF medication administration and management training
- http://www.dhs.wisconsin.gov/regulations/staff-training.htm
Storage and Labeling - SNF

- DHS 132.64(6)(b) `Storage.' Medications shall be stored near nurse's stations, in locked cabinets, closets or rooms, conveniently located, well lighted, and kept at a temperature of no more than 85° F (29° C).
- DHS 132.64(6)(b)8 `Labeling medications.' Prescription medications shall be labeled with the expiration date and as required by s. 450.11(4), Stats. Non-prescription medications shall be labeled with the name of the medication, directions for use, the expiration date and the name of the resident taking the medication.
  - 450.11(4) – refers to pharmacy regulations = must have a label from the pharmacy that meets those standards

Storage and Labeling - CBRF

- DHS 83.37(3)(c) The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF
- DHS 83.31(1)(b) Medications. Prescription medications shall come from a licensed pharmacy or a physician and shall have a label permanently attached to the outside of the container. Over-the-counter medications maintained in the manufacturer's container shall be labeled with the resident's name. Over-the-counter medications not maintained in the manufacturer's container shall be labeled by a pharmacist.

Naloxone Cost

- Most insurance companies will cover at least 1 dosage form
- ALFs/SNFs – work with pharmacy to provide supply. If used can be billed to that resident’s insurance/drug plan
- If patients don’t have insurance – AIDS resource center of Wisconsin provides Naloxone for free
  - [https://www.dhs.wisconsin.gov/library/35775.htm](https://www.dhs.wisconsin.gov/library/35775.htm)
Signs of an overdose

- Body feels clammy to the touch
- Pale face – blue lips or blue fingertips
- Small pinpoint pupils
- Limp body – unresponsive
- Slowed or stopped breathing
- Vomiting or gurgling noises

Steps to take

- Call 911
- Give naloxone
  - Can give every 2-3 minutes if there is no response. More than one dose might be needed
  - If indicated, give rescue breathing/CPR
- Ensure patient is lying on their side
  - Keep them awake if possible
  - Ensure they don’t choke
Sample Policy Review

- See additional handout
- Free to download and update with facility-specific language

Resources

- Wisconsin Department of Health Services
  - [https://www.dhs.wisconsin.gov/opioids/index.htm](https://www.dhs.wisconsin.gov/opioids/index.htm)
  - Prevention, Overdose, Treatment, Professionals, Data
  - [https://www.dhs.wisconsin.gov/opioids/naloxone-faq.htm](https://www.dhs.wisconsin.gov/opioids/naloxone-faq.htm)