

Opioid use disorder (OUD) is a medical condition that can affect anyone – regardless of race, gender, income level, or social class. In this November 2022 CDC National Center for Health Statistics release,* over 5,000 people ages 65 and over in the U.S. died of a drug overdose in 2020. Preparing to respond to a person who is having an opioid overdose or adverse opioid reaction can save lives.

ORGANIZATIONAL BEST PRACTICES

- Create policy and processes for opioid prescribing and adverse reaction response
- Conduct a risk assessment to identify those at highest risk of experiencing an opioid-related overdose
- Adhere to evidence-based opioid prescribing practices
- Ensure naloxone is readily available
- Obtain standing orders to administer naloxone as needed for any patient on an opioid medication
- Confirm staff readiness by:
 - Training staff to recognize and communicate the signs and symptoms of opioid adverse medication reactions as well as the value of immediate response
 - Training staff on how and when to administer naloxone
 - Addressing stigma and health equity
 - Training staff during orientation and at least annually
- Track and analyze adverse drug events related to high-risk medications
- Perform quality improvement activities driven by data

NARCAN (NALOXONE) NASAL SPRAY VS. INJECTION (IM)

Naloxone Nasal Spray

- Can be administered by anyone and is easier to administer, potentially getting the dose to the patient faster
- Reduces risk for needle stick in a stressful emergency
- Potential need for re-dose
- Formulation's time to max concentration is 20-30 minutes

Naloxone Intramuscular Injection (IM)

- Requires licensed personnel to administer
- May be slightly more effective than nasal spray
- Less likely need to be re-dosed
- ✓ Formulation's time to max concentration is 15-20 minutes

Overall, the CDC has no preference. Both products are effective in reversing opioid overdoses.





Scan to learn more about naloxone resources and adverse drug events.

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