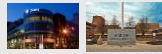


Providing Nasal Naloxone Spray to High Risk Emergency Department Patients



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Purpose

To assess and address knowledge gaps and negative attitudes towards patients with substance use disorders (SUDs) before implementing a system wide pilot to provide nasal naloxone spray for home use and harm-reduction education to emergency department (ED) patients at high risk for opioid overdose.

Review of Literature

Stigma and negative attitudes exist in health care providers (HCP) towards patients with SUD and can interfere with patient trust, communication and readiness to learn. Education about SUD can improve HCP's knowledge about SUD and stigma/attitudes.

Design

An evidence based quality improvement approach was used to develop the education intervention which was presented collaboratively with the Attorney General's Office. A multi-disciplinary team of nursing, pharmacy, medical staff, administration, ED educators, information services, and a Quality and Patient Safety outcomes manager developed the process to provide nasal naloxone spray to the target population.

Methods

A pre and post survey was developed to measure EDNR's knowledge and attitudes towards providing nasal naloxone spray for patients at high risk for opioid overdose and target education content. EDNRs could participate in an optional short telephone survey to provide additional information. ED nursing administration and educators provided continuous staff education and support. Ongoing meetings with the pharmacy and nursing continue to re-evaluate the pilot and mitigate problems/barriers.

Setting/Participants

EDNRs working in an urban level I trauma center, 2 free standing EDs and one outlying community hospital ED in the same health care system.

Evidence Based Education Intervention

An IRB approved, 70 minute education intervention was developed to educate EDNRs before implementing a pilot project to provide nasal naloxone spray to high risk ED patients. The evidence based presentation included power point slides, discussion and return demonstration. Content included: the *Background of the Epidemic* · *Substance Use Disorder (SUD) as a Medical Condition* · *Pathway from Rx drugs to heroin* · *Primary Prevention* · *Harm Reduction* · *Nasal Naloxone Spray* · *Treatment and Recovery* · *Patient Education*. The presentation was converted into an independent study in the health care system's electronic learning management system.



Quote from an EDNR

"I can see it in the patient's eyes when the nurse with an attitude walks in to a room of a patient who just overdosed on heroin. One patient overdosed two times in one day and then the next day. How you respond to them can change their lives."

ED Implementation

- Screen for patients at high risk for opioid overdose
- Utilize algorithm decision tree
- Utilize smart order set
- Provide nasal naloxone spray product
- Provide a folder along with judgement free discharge teaching containing links to treatment and recovery resources
- Reinforce EMR documentation of providing naloxone and patient education
- Conduct follow up phone calls



Outcomes

Knowledge Outcomes from Pre to Post Survey

EDNRs had overall good knowledge of naloxone and improved knowledge of: naloxone not reversing effects of cocaine (p=0.072); duration of action of naloxone (p=0.080); and administration of second dose of naloxone (p=0.178)

Attitudes Outcomes from Pre to Post Survey

EDNRs felt informed to manage an overdose (p=0.137). EDNRs agreed that friends and family of a person using drugs should be prepared to intervene in an overdose and disagreed that people keep using drugs because they lack the desire or the will power to stop. (Chappel et al., 1985; Williams et al., 2013a; Williams et al., 2013b)

Verbal and Written Feedback

Frequently asked questions included: Would providing naloxone for home use encourage drug use or give false reassurance, and what other aspects of the opioid epidemic are being addressed.

ED Pilot Outcomes (since implementation)

Nasal naloxone spray and patient teaching was provided to 97 high risk ED patients



References