

## NALOXONE DISTRIBUTION IN EMERGENCY DEPARTMENTS - OVERVIEW

Emergency departments (ED) can play a vital role in distributing naloxone to patients who may be at risk for overdose or who may be able to intervene in the event of an overdose. EDs are vital points of engagement for overdose prevention and linkage to care. This guide serves as a resource to highlight examples of hospitals in Pennsylvania (PA) who are distributing naloxone to patients from the ED.

## NALOXONE DISTRIBUTION SUCCESSES IN PA EMERGENCY DEPARTMENTS

### Lehigh Valley Health Network

Lehigh Valley Health Network (LVHN) identified personnel and outlined their respective roles in the naloxone distribution process. All providers and key personnel were trained and made aware of the naloxone distribution process. Electronic Health Record integration was necessary for documentation and tracking purposes. The development of patient criteria or patient identification methods for eligibility of take-home naloxone was developed. LVHN found the following inclusion criteria useful to target patients for take-home naloxone: any emergency department patient for whom the clinician caring for the patient is concerned about a risk of opioid overdose. This may include a patient with diagnosed substance use disorder, chronic opioid use, or who is being prescribed an opioid from the emergency department. Naloxone is also prioritized for patients who are uninsured/underinsured and do not have insurance coverage for out-of-pocket naloxone costs.

### LVHNs Implementation Process

1. The provider places an order in EPIC, and documents in the EPIC Chart using DOT phrase “ED-NALOXONE.”
2. The nurse retrieves the naloxone kit from the Pyxis machine and places a patient label on the kit. The nurse hand delivers the naloxone kit to the ordering provider.
3. The provider gives the naloxone kit to the patient at bedside (the provider must complete this step per hospital and pharmacy policy).
4. Patients with insurance are provided a prescription for naloxone 4mg nasal spray (note, search Narcan or naloxone in EPIC discharge orders and the default option is nasal spray).
5. The nurse documents on the Medication Administration Record as naloxone “take-home” nasal spray kit (Narcan) 1 kit.
6. The provider documents they dispensed the naloxone kit and provides education to the patient on how to appropriately use the medication.
7. Naloxone is not scanned since it is dispensed by the provider. The provider verifies the rights of the medication administration prior to dispensing.

### Heritage Valley Hospital

Heritage Valley Health System (HVHS) incorporated “to-go” naloxone into their existing process for “to-go” medications from the emergency department. HVHS obtains funding for their naloxone through a grant. Naloxone is managed by the hospital pharmacy and stocked in the emergency department Pyxis. ED providers place a naloxone order in the Electronic Health Record, the physician signs the label, and the nurse distributes the naloxone to the identified patient and provides education on how to use it. HVHS has not encountered any barriers incorporating take-home naloxone into their “to-go” medication system.

### Penn Medicine University of Pennsylvania (Penn Medicine)

Penn Medicine’s process ensures the patient never has any out-of-pocket costs for naloxone.

### Penn Medicine’s Implementation Process

1. The provider writes a prescription for naloxone (Narcan), and then submits the request in Omnicell in exchange for the naloxone.
2. If the patient does not have insurance the hospital absorbs the cost.
3. If the patient does have medical insurance, and naloxone is fully covered, their insurance carrier is billed.

## PENNSYLVANIA LAW

Pennsylvania enacted its first and current naloxone access law, the Drug Overdose Response Immunity Act, in 2014. Under Pennsylvania's law, prescribers of naloxone have immunity from criminal prosecution for prescribing, dispensing, or distributing naloxone to laypersons. Additionally, naloxone dispensers are granted the same immunities as prescribers.

The legal risk associated with prescribing naloxone is no higher than that associated with any other medication, and is lower than many.<sup>2,3</sup> In fact, a 2015 expert legal review did not identify a single instance in which prescription or dispensing of naloxone in the outpatient setting was grounds for a lawsuit.<sup>4</sup>

More information on state regulation of naloxone access and use may be found [here](#).

## EMERGENCY DEPARTMENT SUPPORT

The American College of Emergency Physicians (ACEP) recently revised their [naloxone access and utilization for suspected opioid overdose policy statement](#) in February 2023, promoting increased access to naloxone and education for appropriate use by endorsement of programs in emergency departments.<sup>5</sup> ACEP also developed an [emergency department naloxone distribution key considerations and implementation strategies guide](#).

## SUMMARY

Standardized naloxone protocols within emergency departments include several key elements that may be incorporated into daily workflows such as:

- Educating patients on the importance of having naloxone
- Providing [printed materials](#) on how to use naloxone and recognize overdose and reviewing the materials with the patient, allowing time for questions and answers
- Incorporating changes into Electronic Health Record systems
- Creating DOT/SMART phrases to assist with uniform documentation within the Electronic Health Record
- Incorporating a universal approach to heighten awareness and availability of naloxone by displaying signage throughout the ED and waiting rooms
- Prioritizing outreach to patients who are identified as high risk, including patients who: are prescribed opioids, present to the ED after an opioid or other drug overdose, have a history of overdose in the past, and/or who report active drug use.

Naloxone is a lifesaving tool. In March 2023, the [U.S. Food and Drug Administration](#) approved 4 milligram (mg) naloxone hydrochloride nasal spray for over-the-counter (OTC), nonprescription use. The change allows for this life-saving medication to be more readily available across many settings.

Health systems are encouraged to consider steps to standardize naloxone education and distribution. The Pennsylvania Overdose Prevention Program (POPP), a joint initiative between the Pennsylvania Commission on Crime and Delinquency (PCCD) and the Pennsylvania Department of Drug and Alcohol Programs (DDAP), offers multiple formulations of naloxone at no cost to individuals and organizations across Pennsylvania, including EDs. EDs may learn more about obtaining naloxone through this initiative by visiting the [POPP website](#).

Health systems who are unable to distribute naloxone may standardize processes to promote the availability of free naloxone to patients through resources in Pennsylvania such as free, mail-order naloxone via [NEXT DISTRO](#).

## SOURCES

1. 35 Pa. Stat. § 780-113.8
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3. Burris S, Norland J, Edlin BR. Legal aspects of providing naloxone to heroin users in the United States. *International Journal of drug policy*. 2001;12. [[Google Scholar](#)]
4. Davis CS, Carr D, Southwell JK, Beletsky L. Engaging Law Enforcement in Overdose Reversal Initiatives: Authorization and Liability for Naloxone Administration. *Am J Public Health*. 2015:e1–e7. [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]
5. [ACEP // Naloxone Access and Utilization for Suspected Opioid Overdoses](#)