**Naloxone Prescribing Practice Guidelines**

**Naloxone is recommended for persons who:**

- Use opioids illicitly, including heroin and fentanyl
- Are in treatment for opioid use disorder (OUD), including those prescribed buprenorphine or methadone
- Chronically use prescribed opioids at higher dosages or use extended-release or long-acting preparations
- Are friends with, family members of, or service providers of people who use opioids

**Patients at highest risk for opioid overdose are those who:**

- Have survived a prior opioid overdose
- Have reduced opioid tolerance due to recent hospitalization, incarceration, or OUD treatment
- Use opioids concurrently with benzodiazepine, alcohol, or other sedating drug

**Patient Education and Counseling on Naloxone:**

When prescribing or dispensing naloxone, refer to stopoverdose.org brochure or video and discuss the following:

**How to recognize an overdose:**

- Signs include slow or no breathing, unresponsiveness, pinpoint pupils, and cyanosis.
- If an overdose is suspected but unconfirmed, use naloxone. Naloxone is a safe medication that can reverse the effects of opioid overdose and has no effect on a person who has not taken opioids.

**How to respond to an overdose:**

1. Call 911 and try to wake the person.
2. If pulse is present, perform rescue breathing and administer naloxone.
   - If pulse is absent, perform CPR and administer naloxone.
3. Give a second dose of naloxone in 2-3 minutes if there is little or no improvement following initial administration.
4. Repeat steps 2-3 above if the person is still unresponsive and stay with the person until emergency responders arrive.

**Need for a safety plan:**

- Counsel patients to educate friends and family on where naloxone is stored, how to recognize an overdose, and how to respond to an overdose.

**Good Samaritan Law:**

- People who seek or receive medical assistance for an overdose cannot be prosecuted for drug possession.

**Other Recommendations:**

- Be non-judgmental about opioid use.
- Naloxone can be described as:
  - Important to have “just in case” – “it’s like having a fire extinguisher”
  - A tool to save a life of a friend or family who uses opioids
- Caution patients about the risk of mixing opioids with benzodiazepine, alcohol, or other sedating drug.
  - Check Prescription Monitoring Program
- Caution patients that naloxone can cause acute opioid withdrawal.
- Discuss the risks of fentanyl. Mention that fentanyl is a potent opioid and can be present in varying concentrations and in any form, including powders and counterfeit pills. Fentanyl-involved overdoses may require additional administrations of naloxone. Find more information here: www.kingcounty.gov/fentanyl

**For patients who use prescribed opioids:**

- Avoid the term “overdose.” Patients taking opioids for chronic pain may not identify with the term. Instead, ask if they have “ever had trouble breathing or waking up” while taking the medication.
- Discuss safe storage and disposal of medications and refer to: www.takebackyourmeds.org

**For patients who use opioids illicitly:**

- Discuss strategies to reduce risk of overdose:
  - Do not use alone
  - Start low and go slow
  - Watch and wait before next person uses
- Provide information about the medications to treat OUD and refer to: www.warecoveryhelpline.org
  (Tel: 1-866-789-1511)

**Resources:**

- Public Health – Seattle & King County Overdose Prevention & Response: https://kingcounty.gov/overdose
- Safe Medicine Disposal: http://www.takebackyourmeds.org
- King County Overdose Data: https://kingcounty.gov/depts/health/examiner/overdose.aspx
- Prescribe to Prevent: https://prescribetoprevent.org
- WA State Overdose Prevention and Response Video: http://stopoverdose.org/section/take-the-online-training
- Opioid Overdose Brochure: http://stopoverdose.org/docs/OpioidOverdoseBrochure.pdf