OFFERED TAKE HOME NALOXONE IN THE EMERGENCY DEPARTMENT

BACKGROUND & METHODS

People who visit the emergency department (ED) for opioid overdose are at high risk for future overdose death. Offering these patients naloxone kits can help prevent future mortality.

Our study examined 342 medical records to determine the percentage of patients seen for opioid overdose that were offered a naloxone kit. The study also looked at factors that influenced whether or not a patient was offered a kit.

FINDINGS

In half of the ED visits for overdose, patients were offered a naloxone kit. Patients were more likely to be offered a kit if they had used an illegal opioid, or if they were unconscious when they were found by EMS, indicating a more severe overdose.

Patients were less likely to be offered a kit if they had a current prescription for opioids, if they were admitted to the hospital after their ED visit, or if they left the ED before they were formally discharged.

IMPLICATIONS

Staff should offer a naloxone kit at the beginning of an ED visit to ensure patients who leave unexpectedly are not missed. It is important to recognize that there is a risk of future overdose among people who use prescription as well as illegal opioids, and offer naloxone kits accordingly.

MAIN MESSAGES

- 1. Distributing naloxone kits to people at risk of experiencing or witnessing an overdose can help prevent overdose mortality
- 2. People who visit the ED for opioid overdose are at high risk of future overdose death
- 3. Only 50% of patients who visited the ED for opioid overdose were offered a naloxone kit
- 4. Patients were less likely to be offered a naloxone kit if they had been taking prescription opioids
- 5. Hospitals should ensure that all patients who visit the ED for overdose leave with a naloxone kit

Inner City Health and Wellness Program

O'Brien, D. C., Dabbs, D., Dong, K., Veugelers, P. J., & Hyshka, E. (2019). Patient characteristics associated with being offered take home naloxone in a busy, urban emergency department: a retrospective chart review. BMC health services research, 19(1), 1-12.