



# Naloxone Take-Home Kits

## Dispensing Guidelines

### Background

Pharmacy and perinatal care teams should understand the value of take-home naloxone for pregnant and postpartum patients, new babies, and for their families.

- ▶ [Colorado MOMs Initiative Overview](#)

### Additional Resources



- ▶ [Naloxone how-to videos](#)
- ▶ [Narcan nasal spray resources](#)

### Patient Criteria

Take-home naloxone kits should be dispensed directly to pregnant or postpartum patients who:

- ▶ Are receiving medical care for opioid intoxication or overdose
- ▶ Use any type of illicit substances, including but not limited to fentanyl, heroin, methamphetamine
- ▶ Have suspected opioid use disorder, including nonmedical opioid use
- ▶ Are starting or being treated with methadone or buprenorphine treatment for opioid use disorder
- ▶ Are prescribed any amount of opioid medication on a chronic basis
- ▶ Are receiving a new opioid prescription for pain
- ▶ Have resumed opioid use after a period of abstinence (e.g., following birth of child, a recent release from jail or prison, or a recent discharge from a hospital or drug treatment facility)
- ▶ Were exposed to substances while in utero or are born with neonatal withdrawal syndrome
- ▶ Have a family member or person in the household with any of the above conditions.

The best way to safeguard at-risk patients and their families and friends is to dispense naloxone directly from the hospital-based units that care for pregnant and postpartum patients. High-risk patients are unlikely to fill a naloxone prescription on their own or request naloxone from a pharmacy. Patients to whom naloxone is directly dispensed should be offered naloxone prescriptions as well in order for their families and friends to have naloxone on hand. In such cases, overdose counseling, naloxone education, and a list of participating outpatient pharmacies should be provided before the patient leaves the hospital.



Patients should also be encouraged to download the free [OpiRescue](#) smartphone application and watch an [informational video](#) about naloxone use.

## Operations

### Kit Assembly

In most cases, commercially available naloxone nasal spray should be the prescription formulation of choice. Other formulations (e.g., injectable, prefilled syringe with atomizer, Evzio auto-injector) are more difficult for a layperson to use. However, in cases where it is cost prohibitive to use the nasal spray, it is reasonable to offer the injectable product.

### Injectable Kit

Below is a photo of naloxone 0.4 mg/mL injectable kit contents. The kit will contain:

- ▶ Naloxone 0.4 mg/mL injectable vial (2)
- ▶ 3 mL syringe, 25G x 1" needle (2)
- ▶ Pair medium nitrile gloves (1)
- ▶ Alcohol swabs (2)
- ▶ Patient education handout (1)
- ▶ Rescue breathing barrier with one-way valve (optional to include)
- ▶ Institution specific labeling requirements may exist



Hospital-created printed instructions (below) should accompany the injectable kits. These instructions are to be used for training with the patient at the bedside. The instructions for use match the instructions on the inside of the package and may go home with the patient. We encourage keeping the kit sealed until time of use.



### Injectable naloxone

**1** Remove cap from naloxone vial and uncover the needle

**2** Insert needle through rubber plug with vial upside down. Pull back on plunger and take up entire contents.

**3** Inject whole vial into upper arm or thigh muscle

**4** If no reaction in 3 minutes, give 2nd dose

### INFORMATION FOR PATIENTS

Naloxone (Narcan) is used to reverse the effects of opioids  
**\*\*Let your family/friends know where Narcan kit is stored & how to administer in case of overdose\*\***

**Risk Factors for Overdose:**

- Mixing pain medicine (opioids) with alcohol, benzodiazepines, or other drugs
- Lower tolerance due to a period of not using opioids or drugs (after time in jail, a hospital, detox, or drug-free environment)
- Using drugs by yourself

**Signs of Opioid Overdose:**

- Slow or shallow breathing
- Blue or gray lips and/or fingernails
- Pale and/or clammy skin
- Unable to wake up or respond

**If Opioid Overdose Is Suspected:**

1. Call 911
2. Give intranasal Narcan
3. Follow 911 dispatcher's instructions or perform rescue breathing if comfortable doing so
4. Place them on their side (rescue position), especially if they are throwing up

Local Opioid Treatment Programs			
Programs	Address	Phone	Website

### Intranasal Kit

Below is a photo of the naloxone 4 mg box. The full kit should contain:

- ▶ Naloxone 4 or 8 mg nasal spray (2 doses are already inside the box)
- ▶ Patient education handout (1)
- ▶ Institution specific labeling requirements may exist





Hospital-created printed instructions, or extra copies provided by the drug manufacturers, should accompany the naloxone 4 or 8 mg nasal spray package. These instructions are to be used for training with the patient at the bedside. The instructions for use match the instructions on the inside of the package and may go home with the patient. We encourage keeping the kit sealed until time of use.

## **NARCAN<sup>®</sup>** (naloxone HCl) **NASAL SPRAY**

## **QUICK START GUIDE** **Opioid Overdose Response Instructions**

Use NARCAN<sup>®</sup> (naloxone hydrochloride) Nasal Spray for known or suspected opioid overdose in adults and children.

**Important:** For use in the nose only.

**Do not remove or test the NARCAN Nasal Spray until ready to use.**

### **1** Identify Opioid Overdose and Check for Response

**Ask** person if he or she is okay and shout name.

**Shake** shoulders and firmly rub the middle of their chest.

**Check for signs of an opioid overdose:**

- Will not wake up or respond to your voice or touch
- Breathing is very slow, irregular, or has stopped
- Center part of their eye is very small, sometimes called "pinpoint pupils"

**Lay the person on their back to receive a dose of NARCAN Nasal Spray.**



### **2** Give NARCAN Nasal Spray

**REMOVE** NARCAN Nasal Spray from the box.

Peel back the tab with the circle to open the NARCAN Nasal Spray.

**Hold** the NARCAN Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

**Gently insert the tip of the nozzle into either nostril.**

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril**, until your fingers on either side of the nozzle are against the bottom of the person's nose.

**Press the plunger firmly** to give the dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.



### **3** Call for emergency medical help, Evaluate, and Support

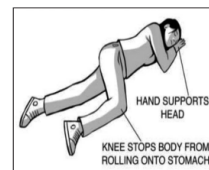
**Get emergency medical help right away.**

**Move the person on their side (recovery position)** after giving NARCAN Nasal Spray.

**Watch the person closely.**

**If the person does not respond** by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.

**Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril.** If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.





## Physician Ordering

Create a “naloxone take-home kit” entry in the hospital computerized provider order entry (CPOE) system, frequency = x1. Provider or nurse will enter an order under the patient profile for discharge. Patient location will determine from where the kit is dispensed. *If the patient is being discharged from Mom/Baby or the L&D units, their take-home naloxone kit will be dispensed from the discharge pharmacy and delivered to the bedside with other discharge medications.* If the patient is located in the OB Screening Room, the medication will be pulled from the automated dispensing machine (ADM), ie Pyxis.

## Automated Dispensing Machine (ADM) Build

Create a “naloxone take-home kit” entry and pocket/drawer in the ADM.

- ▶ If possible, have the CPOE “naloxone take-home kit” order link to this product in the ADM under the patient’s profile.
- ▶ If possible, consider creating a “clinical question” that must be answered upon removal to ensure compliance with overdose counseling:
  - Example: *Medication and instructions are provided for take-home purposes, do not administer in the facility. Instruct patient on use prior to dispensing.*
  - Response types:
    - YES response: *Yes—I am giving this for the patient to take home and will provide education and appropriate documentation.*
    - NO response: *No—I will return this unused medication to the return bin.*

## Nursing Process for Dispensing and Documentation

### Dispensing from ADM

Nurse will search for the naloxone entry under the patient profile; if no profile exists, nurse will search using the words “Narcan” or “naloxone.” Nurse will then select the “take-home kit” entry. Nurse will then retrieve one kit from the ADM and complete the transaction.

### Scanning in Electronic Medication Administration Record (eMAR)

If possible, the nurse will scan the kit into eMAR (a unique barcode may need to be created as part of the label). Nurse will document “not administered” with reason “take-home kit,” or according to your hospital-specific process.

\*Kits will be dispensed in accordance with institution-specific guidelines. Per new Colorado legislation HB 22-1326, previous labeling and documentation requirements are no longer applicable to take-home naloxone.



## Patient/Family Education

The education of the patient and their family or friends is usually done by the patient's nurse or provider. It is reasonable for obstetric-based pharmacists to assist with or perform this training as able. Upon discharge, a nurse will provide training in opioid overdose prevention, recognition, response, and administration of naloxone.

Links to free educational materials are available:

- ▶ **[Colorado Department of Public Health and Environment website](#)**
- ▶ **[Colorado Consortium for Prescription Drug Abuse Prevention, Naloxone Workgroup](#)**
- ▶ **[Harm Reduction website](#)**

### Opioid overdose training

Opioid overdose training for the individual should cover, at a minimum, the following:

- ▶ Risk factors for opioid overdose
- ▶ Prevention of opioid overdose
- ▶ Recognition of opioid overdose
- ▶ Calling 911
- ▶ Rescue breathing
- ▶ Administration of injectable naloxone
- ▶ Effects of naloxone on fetus or newborn
- ▶ OUD treatment opportunities for pregnant and postpartum patients

The educator will answer any questions the recipient may have regarding naloxone.

### Training on the kit:

The hospital-developed instruction document referenced above, or a duplicate provided by the drug manufacturer, should be used for demonstration/instruction purposes (do not open the patient's sealed package). The demonstration document also contains a QR code that can be used by a patient or family member to access training videos on their phone. Refer to the training videos for instructions on how to guide those who are new to using the naloxone injection.



## Frequently Asked Questions (FAQ)

**Q:** With the roll-out of naloxone take-home kits, is it still possible to have providers write a prescription for naloxone for these patients?

**A:** Yes. When patients receive naloxone take-home kits, they should also be offered naloxone prescriptions in order for their families and friends to have naloxone on hand. In addition, they should be informed of where they can obtain a kit without a prescription.

### **List of Participating Pharmacies**

**Q:** Can administering naloxone to a pregnant or postpartum patient affect the baby?

**A:** Yes - administering naloxone to a *pregnant person* crosses the placenta and can precipitate neonatal withdrawal in the fetus. However, the duration of naloxone is relatively short and effects are short-lived.

**Reversing an opioid overdose in the pregnant person is always top priority and in the best interest of the fetus.** After administration, the patient should always be seen in the emergency department for care of both mom and the fetus. **Naloxone is also safe to administer to babies and children that are experiencing an opioid overdose.** With the rise in availability of increasingly potent illicit opioids (like fentanyl), this point should be emphasized when counseling patients. Naloxone administration to a *postpartum person who is breastfeeding* is not known, though naloxone is not thought to cross into breast milk and, if it does cross, is not well absorbed by the baby. After administration, the patient should always be seen in the emergency department for further assessment, along with the baby if there are concerns.

**Q:** When is the naloxone take-home kit dispensing process available?

**A:** 24 hours/day; 7 days/week.



## Appendix: Additional Resources

Complete a Rapid Opioid Dependence Screen or a Drug Abuse Screening Test (DAST-10), and counsel the patient on how to recognize an overdose and administer naloxone.

### Rapid Opioid Dependence Screening Questionnaire

1. Have you ever taken any of the following drugs?
 

• Heroin	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Methadone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Buprenorphine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Morphine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• MS Contin	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Oxycontin	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Oxycodone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Other opioid analgesics (eg, Vicodin, Darvocet, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever needed to use more opioids to achieve the same high you got when you first started using opioids?  Yes  No
3. Does the idea of missing a fix (or dose) ever make you feel anxious or worried?  Yes  No
4. Do you ever use opioids in the morning to keep from feeling "dope sick," or do you ever feel "dope sick"?  Yes  No
5. Do you worry about your use of opioids?  Yes  No
6. Have you ever found it difficult to avoid or stop using opioids?  Yes  No
7. Do you spend a lot of time and energy on finding opioids or recovering from feeling high?  Yes  No
8. Do you ever miss important activities like doctor appointments, social and family gatherings, work, or other events because of your opioid use?  Yes  No

*If any drug in question 1 is coded "Yes," proceed to questions 2 to 8.*

*If all drugs in question 1 are "No," skip to the end and code "No" for opioid dependent.*

**Scoring:** Add the number of "Yes" responses for questions 2 to 8. If total is >3, code "Yes" for opioid dependent. If total is <2, code "No" for opioid dependent.

**Opioid dependent**     Yes     No

### DAST-10 Questionnaire

The following questions address your possible drug use (not including alcoholic beverages) during the past 12 months.

In the past 12 months...			
1.	Have you used drugs other than those required for medical reasons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Do you abuse more than one drug at a time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Are you unable to stop using drugs when you want to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No





4.	Have you ever had blackouts or flashbacks as a result of drug use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Do you ever feel bad or guilty about your drug use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Does your spouse (or parents) ever complain about your drug use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Have you neglected your family because of your drug use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Have you engaged in illegal activities in order to obtain drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Scoring

Add 1 point for each question answered “Yes” (except for question 3, for which a “No” response receives 1 point).

Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	Encouragement and education
1-2	Low level	Risky behavior — feedback and advice
3-5	Moderate level	Harmful behavior — feedback and counseling; possible referral for specialized assessment
6-8	Substantial level	Intensive assessment and referral