



# Welcome!

## Implementing Naloxone Distribution

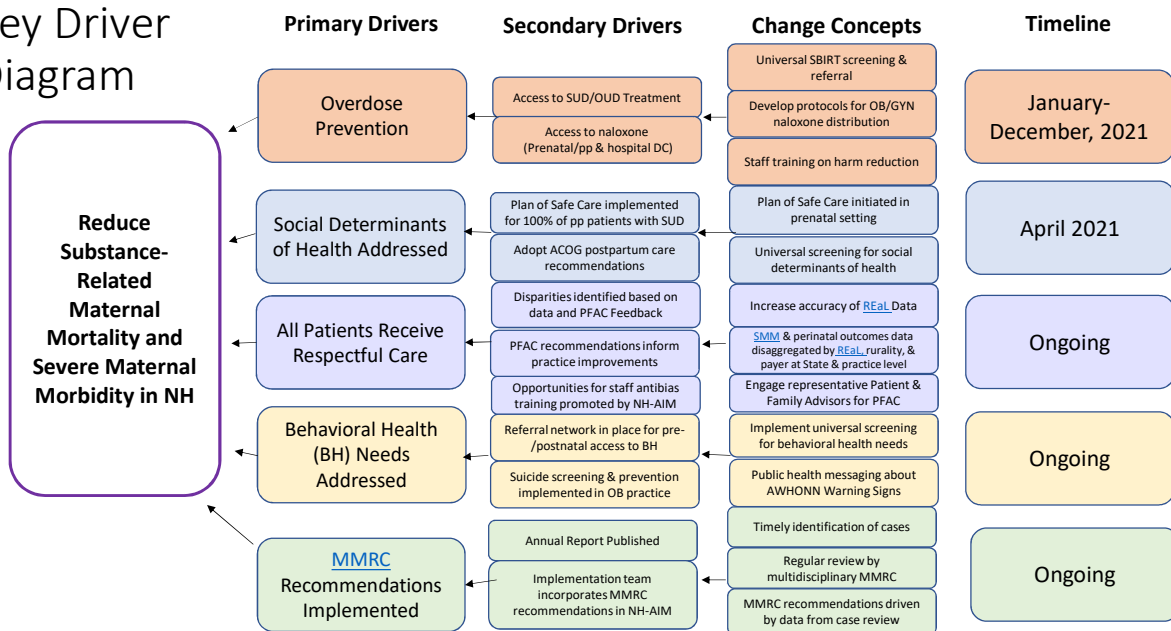
NH AIM/ERASE Monthly Webinar  
March 11, 2021



## Today's Agenda

- **Welcome:** Daisy Goodman, DNP, MPH
- **Building a naloxone program in the Ob/Gyn clinic:** Deb Fabry, RN, MS
- **Naloxone counseling:** Tim Fisher, MD, MHCDS
- **Update from Portsmouth Regional Hospital:** Meghan Han, MSN, RN
- **Naloxone situational surveillance:** David LaFlamme, PhD
- **Upcoming event:** Farrah Deselle, RN

## NH-AIM Key Driver Diagram



### INITIATIVE:

Narcan Nasal Spray  
in the Ambulatory Care Setting



Ob/Gyn Services  
Dartmouth Hitchcock Medical Center

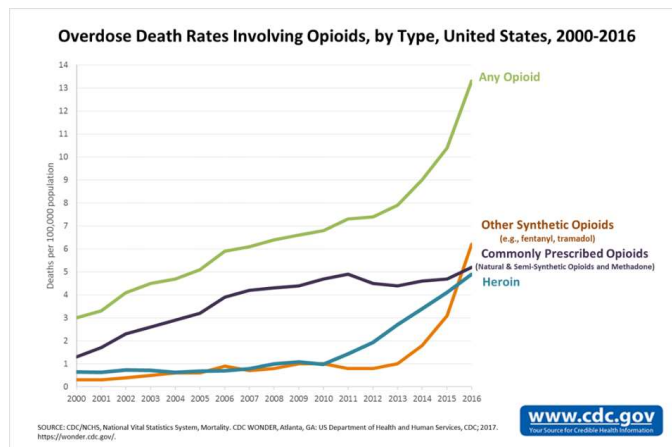


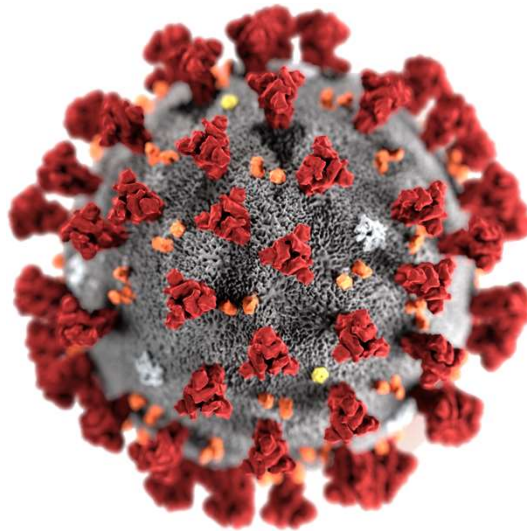
## OBJECTIVES:



- Background of Nasal Narcan Initiative
- DH Policy 22887: ObGyn Naloxone Policy
- ObGyn ambulatory clinic nursing procedure: Naloxone HCL (Narcan) Nasal Spray in Ambulatory ObGyn
- Naloxone (Narcan)
  - mechanism of action
  - indication and usage
  - dosage form and strength
- Narcan Kit
- Documentation

## THE “WHY”





# NOVEL VIRUS

## COVID-19



**JULY 1, 2020**

**WASHINGTON POST** <https://www.washingtonpost.com/health/2020/07/01/coronavirus-drug-overdose/>

**'Cries for help': Drug overdoses are soaring during the coronavirus pandemic**

Overdoses increased up to 42% per month during the pandemic, as compared to the same months in 2019.



Note: Percent growth references the 1,201 agencies reporting to ODMAP by January 2019.

Source: ODMAP

ALYSSA FOWERS/THE WASHINGTON POST

**JUNE 23, 2020**

**CONCORD MONITOR** <https://www.concordmonitor.com/Opioid-overdoses-3490987>

**Stimulus checks lead to rash of overdoses in New Hampshire, Vermont**

New Hampshire saw an increase of roughly 30% in drug overdose deaths in April and May compared to the same months last year, according to preliminary data released by the New Hampshire chief medical examiner on Monday. There were 42 deaths in April and 45 in May, up from 32 in April and 35 in May of 2019.





<b>Departmental Policy Title</b>	<b>ObGyn Naloxone Policy</b>	<b>Policy ID</b>	<b>22887</b>
<b>Keywords</b>	naloxone, narcan, obgyn, obstetrics, gynecology, overdose		
<b>Department</b>	ObGyn Lebanon		

#### I. Purpose of Policy

To establish a process to dispense free NH State-issued naloxone kits to Obstetrics and Gynecology (Ob/Gyn) patients who are identified as being high risk for witnessing or experiencing an opioid overdose.

#### II. Policy Scope

This procedure applies to all Lebanon Ob/Gyn Registered Nurses (RNs), Physicians, Associate Providers (APRNs/PAs), and Licensed Practical Nurses (LPNs), Medical Assistants (MAs).

<http://policy.hitchcock.org/dotNet/documents/?docid=39466>



<b>Dept. Procedure Title</b>	<b>Nursing Procedure: Naloxone HCL (Narcan) Nasal Spray in Ambulatory ObGyn</b>	<b>Procedure ID</b>	<b>23372</b>
<b>Keywords</b>	Naloxone, Narcan, Opioid, Overdose		
<b>Department</b>	Obstetrics and Gynecology		

#### I. Purpose of Procedure

In an effort to ensure patients presenting to the Ob/Gyn clinic are not hindered access to naloxone due to cost, the State of New Hampshire has made Nasal Narcan kits available to Dartmouth-Hitchcock (D-H) Ob/Gyn clinic. The purpose of this procedure is to establish a process for Ob/Gyn nurses to provide standardized Nasal Narcan education to patients in conjunction with distribution of Narcan Nasal Spray.

#### II. Procedure Scope

This nursing procedure applies to all D-H Ob/Gyn nurses who provide Nasal Narcan education to patients seen in the Ob/Gyn ambulatory clinic.







STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301  
603-271-9544 1-800-852-3345 Ext. 9544  
Fax: 603-271-4912 TDD Access: 1-800-735-2964  
www.dhhs.nh.gov

Jeffrey A. Meyers  
Commissioner

Jonathan R. Ballard Chief  
Medical Officer

### Standing Order for Dispensing of Naloxone

Naloxone is indicated for the reversal of opioid overdose induced by natural or synthetic opioids in the setting of respiratory depression or unresponsiveness. It should not be given to anyone known to be hypersensitive to naloxone hydrochloride. It is delivered via intranasal or intramuscular administration. Mode of delivery preference is at the discretion of the pharmacist. This standing order authorizes any registered pharmacist with the above named organization or its subsidiaries to dispense naloxone to any person who is:

- Either a person at risk of experiencing an opiate-related overdose; OR a family member, friend or other person in a position to assist a person at risk of experiencing such an overdose; AND who has been provided opioid overdose response counseling.

#### 1. Intranasal Naloxone:

- Naloxone HCl 1mg/ml ○ Dispense two 2ml Luer-lock needleless syringes prefilled with Naloxone HCl 1mg/mL and equivalent quantity mucosal atomizing devices. Dispensing instructions: Call 911. Administer naloxone in accordance with written step-by-step instructions for administration of intranasal naloxone as reviewed with patient by pharmacist. Written step-by-step instructions for administration of intranasal naloxone must be given to patient and reviewed with patient by pharmacist.
- Naloxone HCl Nasal Spray 4mg (Narcan – brand name) ○ Dispense one two-pack box of single-step Naloxone HCl Nasal Spray 4mg (Narcan – brand name) which contains two (2) 4mg doses of naloxone HCl in 0.1 ml of nasal spray.



# Narcan Kits

Date _____	
# of Kits Received _____	
Who is the Kit for? Circle all that apply.	Self; Friend, Family Member, Other
If the kit is for yourself what is the Month and Year of Your Birth? Example "05/1990"	DOB: _____
What is your gender? Circle one:	Male, Female, Transgender, Other, Refused to Answer.
If the kit(s) is for you, do you have insurance?	Yes, No, Not Sure
If yes to above, what type of insurance do you have?	Medicaid, Private Insurance, Other
If you have insurance who is your insurance provider?	Write in the name of your insurance provider: _____
How many times have you overdosed?	Write in the number: _____
Number of times <b>Narcan</b> /Naloxone has been administered to you to reverse an overdose,?	Write in the number: _____
What was the primary reason you started using Opioids?	<b>Circle the best explanation or write in your own explanation.</b> Coping with mental health problems Depression & grief Easier to evade detection than marijuana Given by partner Life struggles Pain management following injury or surgery Experimented in School/College or Other setting Taking any pills she/he could find Unavailable Other
Where did you first get opioids?	<b>Circle the best explanation or write in your own explanation.</b> Partner Ex-partner Friend(s) Own Prescription Someone Else's Prescription Unavailable Other



## MEDICATION EDUCATION

It is a responsibility of the nurse to teach the patient safe use, storage, and disposal of medications.

## AGONISTS ..... ANTAGONISTS

Full Agonist	Partial Agonist	Mixed Agonist	Antagonist
Codeine			
Fentanyl			
Heroin			
Hydrocodone			
Hydromorphone	Buprenorphine	Buprenorphine	Naloxone
Levorphanol	Butorphanol	Butorphanol	Naltrexone
Meperidine	Pentazocine	Nalbuphine	
Methadone	Tramadol	Pentazocine	
Morphine			
Oxycodone			
Oxymorphone			





# AGONISTS ..... ANTAGONISTS

## effects and side effects

- Pain relief
- euphoria
- Pruritis
- Constipation/urinary retention
- Nausea
- Addiction, dependence, tolerance
- Hyperalgesia
- Sedation
- Respiratory depression
- **OVERDOSE:**
  - **Will not wake up or respond to voice or touch**
  - **Slow/no respirations**
- Analgesia without euphoria (partial and/or mixed)
- Sudden withdrawal:
  - Return of pain
  - Abdominal cramping/nausea/vomiting
  - Body aches
  - Irritability/nervousness/restlessness
  - Sweating
  - Yawning
  - Diarrhea
  - Increased HR and BP
  - goosebumps



## PATIENT EDUCATION

### How to Avoid an Overdose:

Right patient  
Right reason  
Right drug  
Right dose  
Right time  
Right route

### Narcan Education:

Mechanism of action  
When to administer  
How to administer  
Possible side effects  
Proper storage, handling, and disposal  
When and how to get a prescription refill

### How to identify an opioid overdose and what to do:

Give narcan nasal spray. (Refer to Quick Start Guide and/or package insert.)  
Call for emergency medical help, 911  
Evaluate and support
 

- Re-dose every 2-3 minutes until person responds
- Place patient in side-lying position (recovery position)
- Start CPR if no response and no other doses of narcan are available.



## **NARCAN** (naloxone HCl) NASAL SPRAY

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.

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

### **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 red 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 red 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.



**ADAPT**  
PHARMA

For more information about NARCAN Nasal Spray, go to [www.narcan.com](http://www.narcan.com), or call 1-800-458-NARCAN (1-800-462-3226). You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.



## OPIOID OVERDOSE + PREGNANCY



When overdoses happen, giving naloxone (Narcan®) saves lives - including the lives of pregnant people and their babies

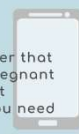
Place the person in the recovery position on their left side to improve blood flow to the placenta.



If you think they have injured their back or neck don't move them.

Call **911**

Tell the dispatcher that you are with a pregnant person who is not breathing and you need paramedics.



You do not need to tell them that this may be a drug poisoning or overdose. If you do they may send police officers.

Stay with the person or find someone who can until paramedics arrive.



Tell the responders that the person takes opioids and may have taken too much and overdosed.



Respond to overdose in a pregnant person exactly the same as you would for anyone else.



Academy of Perinatal  
Harm Reduction

[www.harmreduction.org](http://www.harmreduction.org)  
[www.perinatalharmreduction.org](http://www.perinatalharmreduction.org)

**NATIONAL  
HARM REDUCTION  
COALITION**



## ■ documentation

### ■ narcaned

Patient @name@  
@mm@

@name@ requested information about naloxone HCL (Narcan) nasal spray today.  
Patient (WAS/WAS NOT:2100118327) accompanied in the office by her (companion:315061).  
Education was provided regarding all of the following:  
-Effects of opioids  
-Mitigation strategies to reduce the risk of opioid overdose  
-Recognizing signs and symptoms of opioid overdose  
-Overdose response steps  
-Use of naloxone HCL

Mechanism of action  
When to administer  
How to administer  
Possible side effects  
Proper storage, handling, and disposal  
When and how to get a prescription refill

Teaching methods used to provide education included explanation, demonstration, and handouts.

Patient (WAS/WAS NOT:2100118327) able to explain the indication for, and proper use of, naloxone nasal spray.

Patient (MICU\_DID\_DID NOT:26015) accept Narcan kit.

Patient (WAS/WAS NOT:2100118327) able to return demonstrate proper administration technique of naloxone HCL nasal spray without assistance.

Patient (WAS/WAS NOT:2100118327) provided two (2) 4-mg doses of naloxone HCL nasal spray.  
Lot number: \*\*\* Expiration date: \*\*\*

@name@ knows how to contact OB/GYN Nurse Triage should she have further questions or concerns.

@MES@



### NARCAN NASAL SPRAY

#### CHECK LIST



- ☐ Remove kit. Update inventory sheet with lot number and expiration date.
- ☐ Meet with patient. Provide education and dispense narcan kit.
- ☐ Complete data collection form with patient.
- ☐ Document in EMR, using smartphrase .NARCANED.
- ☐ Update medication list.
- ☐ Fax data collection form to Dartmouth-Hitchcock Hub and Spoke at 603-448-5335.
- ☐ Email [hubandspoke@hitchcock.org](mailto:hubandspoke@hitchcock.org). (#kits dispensed, #forms faxed.) Cc Nurse Manager.

(Don't worry, there's a reminder check-list in the front of the blue binder.)




## Talking with patients about naloxone

Timothy J. Fisher, MD, MHCDS



## Talking with patients about naloxone (and continuing MAT)

1. Acknowledge and celebrate the work of being in recovery
2. Recognize that many women are well intentioned and motivated to discontinue MAT in the postpartum period
3. Discuss the challenges of having a new baby, postpartum mood disorder risk, and potential loss of support services
4. Educate about postpartum relapse rates and postpartum overdose deaths as the #1 cause of maternal mortality in New Hampshire
5. Recommend continuation of MAT
6. Prescribe/dispense naloxone as a potentially life saving intervention for the woman, her partner, family, and community



## Prenatal/ Postpartum Settings

- Harbour Women's Health
  - Providers receptive
  - Patient high risk meetings
  - Narcan distribution starting 3/15/21





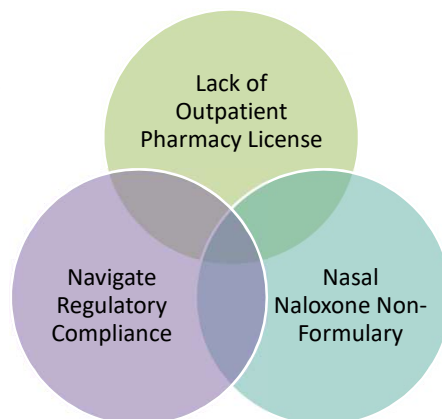
## Prenatal/ Postpartum Settings

- Collaborate with The Doorway
- Develop clinic policies and procedures
- Training and education from RN
- Data Collection



Portsmouth  
Regional  
Hospital

## Inpatient Setting: Barriers



Portsmouth  
Regional  
Hospital

## Future Implementation

- Nasal naloxone is non-formulary
- Cost analysis presentation at division and local level
- Reimbursement amount



### Narcan Initiative

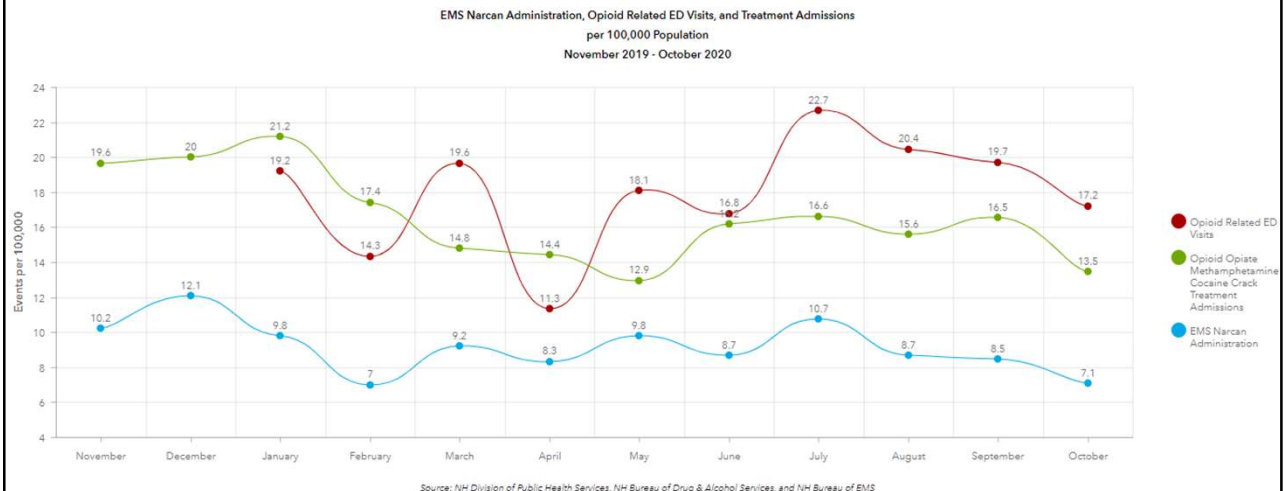
*in response to pregnancy-associated deaths in New Hampshire*

David J. Laflamme, PhD, MPH  
Maternal and Child Health Epidemiologist  
NH Division of Public Health Services, Maternal and Child Health Section  
and UNH Institute for Health Policy & Practice





## Opioid-related ED visits Treatment Admissions EMS Narcan Administration



## NH Birth Data

**Q1: Is there documentation that access to naloxone (e.g. Narcan) was discussed with the patient?**

- ☐ Yes  
☐ No  
☐ Unknown

*Aim: Determine frequency of practice.*

*The NH Birth Situational Surveillance Narcan/Naloxone discussion question was activated at the end of January 2021.*

*The prenatal substance exposure section was added to the NH Facility Worksheet in late April 2020.*

### Prenatal Substance Exposure

**82A.** Was the infant monitored for effects of in utero substance exposure?

- ☐ Yes ☐ No

If YES, Type of substance(s):

(check all that apply)

- ☐ opioids  
☐ stimulants (amphetamines, methamphetamines, other)  
☐ cocaine  
☐ cannabis  
☐ benzodiazepines  
☐ barbiturates  
☐ alcohol  
☐ nicotine  
☐ bath salts  
☐ Kratom  
☐ Other (Specify) \_\_\_\_\_

**B.** Was the infant identified as being affected by substance misuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder?

- ☐ Yes ☐ No

### Plan of Safe/Supportive Care

**83.** Was a Plan of Safe/Supportive Care (POSC) created?

- ☐ Yes ☐ No

### Naloxone/Narcan by Prenatal Substance Exposure (82A)

Infants born February 01, 2021 to March 10, 2021

Data refreshed: 3/10/2021 1:21:10 PM

Data source: VR\_BIRTH (EBI\_DATAMART.VR\_BIRTH)+(EBI\_DATAMART)

		Prenatal Substance Exposure?		
		No	Yes	
Narcan Discussion Documented?	NO	980	64	1,044
	YES	21	13	34
		1,001	77	1,078

David.Lafiamme@unh.edu

**13** birthing people with prenatal substance exposure indicated had a discussion documented. (**16.8%** of exposed)

**64** birthing people with prenatal substance exposure indicated did not have a discussion documented. (**83.1%** of exposed)

**21** birthing people with no indication of prenatal substance exposure had a discussion documented. (**2.1%** of not exposed)

Situational Surveillance data from NH birth records (Narcan/Naloxone discussion question activated ~2/1/2021)

## Hospital variation

- **4** of 16 NH birth hospitals had **no** documented births with prenatal exposure during this time period
- Of the 12 birth hospitals with documented exposures, **5** had **no** documented discussions among birthing people with exposure
- **8** of the 16 birth hospitals had discussion documented among birthing people with **no** prenatal exposure indicated



# We're just getting started

*Establishing a baseline*

- Work to be done
  - Establishing a standard of care
    - Birth hospital policies and protocols
  - Making documentation standardized and easily available at data entry
    - POSC addition
  - Further analysis limited to specific substances

**NNEPQIN**  
NORTHERN NEW ENGLAND  
PERINATAL QUALITY IMPROVEMENT NETWORK

**AIM**  
ALLIANCE FOR INNOVATION  
ON MATERNAL HEALTH

**Trauma Informed Care Training  
Opportunities**  
Farrah Deselle, MSN, RN, CCBE

 **NH DIVISION OF  
Public Health Services**  
Improving health, preventing disease, reducing costs for all



**NNEPQIN**  
NORTHERN NEW ENGLAND  
PERINATAL QUALITY IMPROVEMENT NETWORK

**AIM**  
ALLIANCE FOR INNOVATION  
ON MATERNAL HEALTH

**Upcoming:**  
**NH AIM/ERASE Maternal Mortality Webinar**  
**April 8, 2021 (12 – 1PM)**

**Assessing Social Determinants of Health:**  
*Where do we go from here?*

To Receive CME/CNE Credit for today's session, Text 603-346-4334  
Enter Activity Code: **VXmc** (Good for this Live Session Only)  
Need help? [clpd.support@hitchcock.org](mailto:clpd.support@hitchcock.org)  
Signing in on-line? <http://www.d-h.org/clpd-account>



NH DIVISION OF  
Public Health Services  
Improving health, preventing disease, reducing costs for all



**NNEPQIN**  
NORTHERN NEW ENGLAND  
PERINATAL QUALITY IMPROVEMENT NETWORK

**SAVE THE DATE**  
*June 10, 2021*  
**NNEPQIN Virtual Spring Meeting**