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

**Primary Drivers**
- Overdose Prevention
- Social Determinants of Health Addressed
- All Patients Receive Respectful Care
- Behavioral Health (BH) Needs Addressed

**Secondary Drivers**
- Access to SUD/OUD Treatment
- Access to naloxone (Prenatal/pp & hospital DC)
- Plan of Safe Care implemented for 100% of pp patients with SUD
- Adopt ACOG postpartum care recommendations
- Disparities identified based on data and PFAC feedback
- PFAC recommendations inform practice improvements
- Opportunities for staff antibias training promoted by NH-AIM
- Referral network in place for pre-/postnatal access to BH
- Suicide screening & prevention implemented in OB practice
- Annual Report Published
- Implementation team incorporates MMRC recommendations in NH-AIM

**Change Concepts**
- Universal SBIRT screening & referral
- Develop protocols for OB/GYN naloxone distribution
- Staff training on harm reduction
- Plan of Safe Care initiated in prenatal setting
- Universal screening for social determinants of health
- Increase accuracy of REaL Data
- Engage representative Patient & Family Advisors for PFAC
- Implement universal screening for behavioral health needs
- Public health messaging about AWHONN Warning Signs
- Regular review by multidisciplinary MMRC
- MMRC recommendations driven by data from care review

**Timeline**
- January-December, 2021
- April 2021
- Ongoing

**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

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**THE “WHY”**

![Graph](https://www.cdc.gov)
JULY 1, 2020
‘Cries for help’: Drug overdoses are soaring during the coronavirus pandemic

![Overdose chart]

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

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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.
**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 responsiveness. 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 needless 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-use Naloxone HCl Nasal Spray 4mg (Narcan – brand name) which contains two (2) 4mg doses of naloxone HCl in 0.1 ml of nasal spray.

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**Narcan Kits**
NARCAN KIT INVENTORY

<table>
<thead>
<tr>
<th>DATE</th>
<th>DISPENSING STAFF</th>
<th>LOT #</th>
<th>EXP DATE</th>
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INVENTORY FORM

DATA COLLECTION FORM

Date:
- Date 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: "07/1990".
  - Circle one: Male, Female, Transgender, Other, Refused to Answer.
- If you have insurance: Yes, No, Not Sure.
- If you have insurance who is your insurance provider?
  - Write in the name of your insurance provider.
  - Write in the number.
- Number of times Naloxone has been administered to you: Write in the number.

What was the primary reason you started using Opioids?
- Circle the best explanation or write in your own explanation.
  - Coping with mental health problems
  - Depression & anxiety
  - Easier to avoid detection than marijuana
  - Given by partner
  - Life struggles
  - Pain management following injury or surgery
  - Experimenting in school/Collage or Other setting
  - Taking any pills she/he could find
  - Unavailable
  - Other:

Where did you first get opioids?
- Circle the best explanation or write in your own explanation.
  - 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.

<table>
<thead>
<tr>
<th>Full Agonist</th>
<th>Partial Agonist</th>
<th>Mixed Agonist</th>
<th>Antagonist</th>
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</thead>
<tbody>
<tr>
<td>Codeine</td>
<td>Buprenorphine</td>
<td>Buprenorphine</td>
<td>Naloxone</td>
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<tr>
<td>Fentanyl</td>
<td>Butorphanol</td>
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<td>Naltrexone</td>
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<td>Pentazocine</td>
<td>Nalbuphine</td>
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<td>Tramadol</td>
<td>Pentazocine</td>
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<td>Buprenorphine</td>
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<td>Oxycodone</td>
<td>Butorphanol</td>
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<tr>
<td>Oxymorphone</td>
<td>Pentazocine</td>
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11/3/2021
AGONISTS

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

ANTAGONISTS

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.
**Quick Start Guide**

**Identify Opioid Overdose and Check for Response**

1. Ask anyone in the building what the name, phone number, and address of the person is. Check for signs of an opioid overdose:
   - A person may be unconscious or not responding, or their breathing and heartbeat may be slowing down.
   - Call 911 or your local emergency number immediately if you suspect an overdose or if the person is unresponsive.

**Use NARCAN**

2. Use NARCAN (Naloxone) immediately.
   - NARCAN nasal spray is available at most pharmacies.
   - Administer the spray into the person's nostrils or mouth.
   - Check if the person has reacted or if breathing and pulse have returned.

**Call for Emergency Medical Help, Evaluate, and Support**

3. Call emergency medical help right away.
   - Administer additional doses of NARCAN as needed.
   - Keep the person warm and comfortable.
   - Monitor the person's vital signs and continue to provide support until medical help arrives.

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**Opioid Overdose + Pregnancy**

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

- Race the person in the recovery position on their left side to improve blood flow to the placenta.
- Call 911 to tell the dispatcher that you are with a pregnant person who is not breathing and you need paramedics.
- 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

NATIONAL HARM REDUCTION COALITION
**Narcane**

Patient: [name]

[Frame] requested information about naloxone HCL (Narcan) nasal spray today. Education was provided regarding all of the following:
- Effects of misuse
- Mitigation strategies to reduce the risk of opioid overdose
- Recognizing signs and symptoms of opioid overdose
- Reverse 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 NOT: [2100118327]) able to explain the indication for, and proper use of, naloxone nasal spray.

Patient (MICURITY) accepted Narcan kit.

Patient (WAS NOT: [2100118327]) able to review demonstration with proper administration technique of naloxone HCL nasal spray without assistance.

Patient (WAS NOT: [2100118327]) provided two (2) 0.4-mg doses of naloxone HCL nasal spray.

Lot number: *** Expiration date: ***

[Frame] knows how to contact OB/GYN Nurse Triage should they have further questions or concerns.

[ME]
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

Inpatient Setting: Barriers

- Lack of Outpatient Pharmacy License
- Navigate Regulatory Compliance
- Nasal Naloxone Non-Formulary
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
**NH EMS Narcan Administration Data Available**

https://nhview.nh.gov/IAC/DMI/

**NH Drug Overdose Deaths by Year**

*2020 not final*
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.
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)

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<th>Yes</th>
<th>Total</th>
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<td>Narcan Discussion Documented?</td>
<td>NO</td>
<td>960</td>
<td>64</td>
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<tr>
<td>YES</td>
<td>21</td>
<td>13</td>
<td>34</td>
</tr>
<tr>
<td>Total</td>
<td>1,001</td>
<td>77</td>
<td>1,078</td>
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</tbody>
</table>

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

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)

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
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
Signing in on-line? http://www.d-h.org/clpd-account

SAVE THE DATE
June 10, 2021
NNEPQIN Virtual Spring Meeting