

# Opioid Overdose and Naloxone Kit Distribution: A Quality Educational Improvement Program in the Primary Care Setting

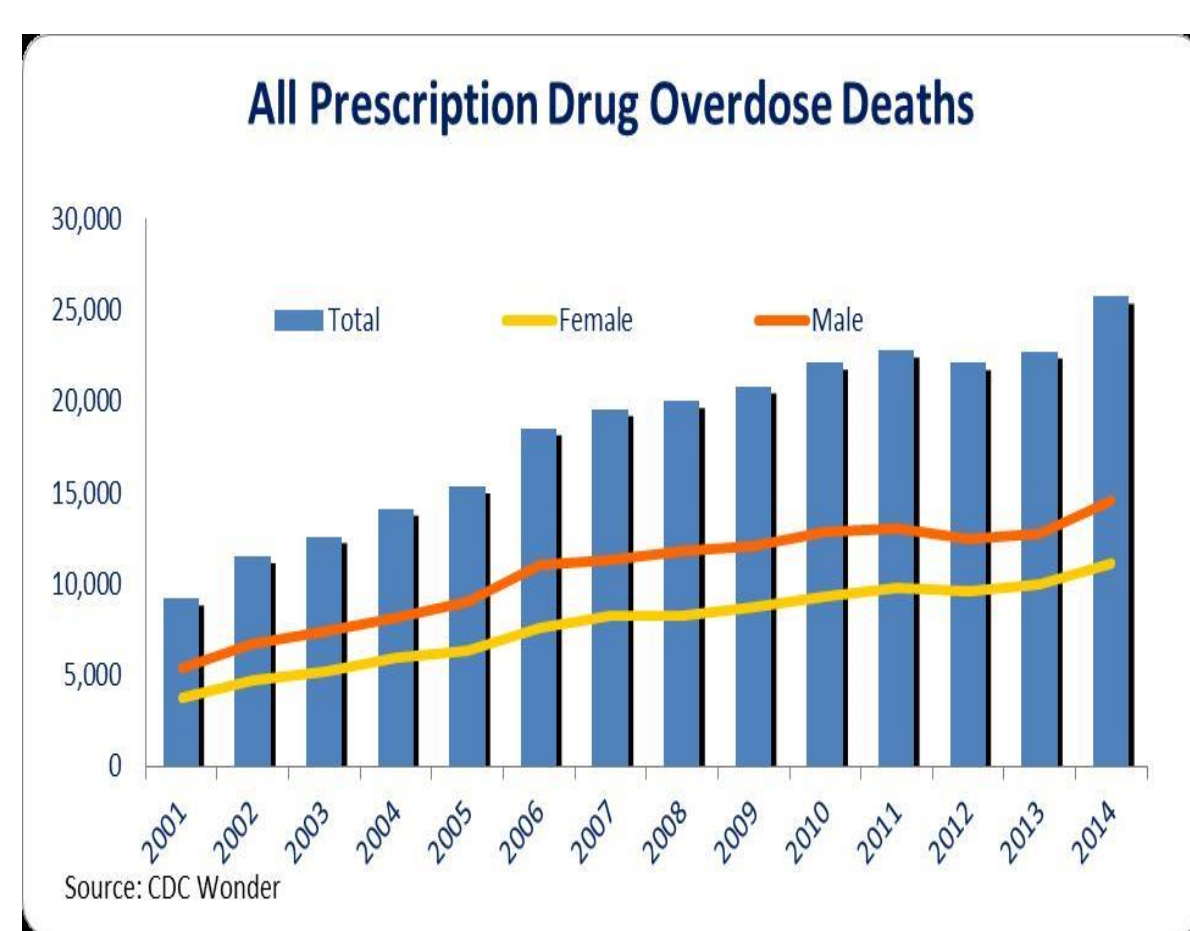
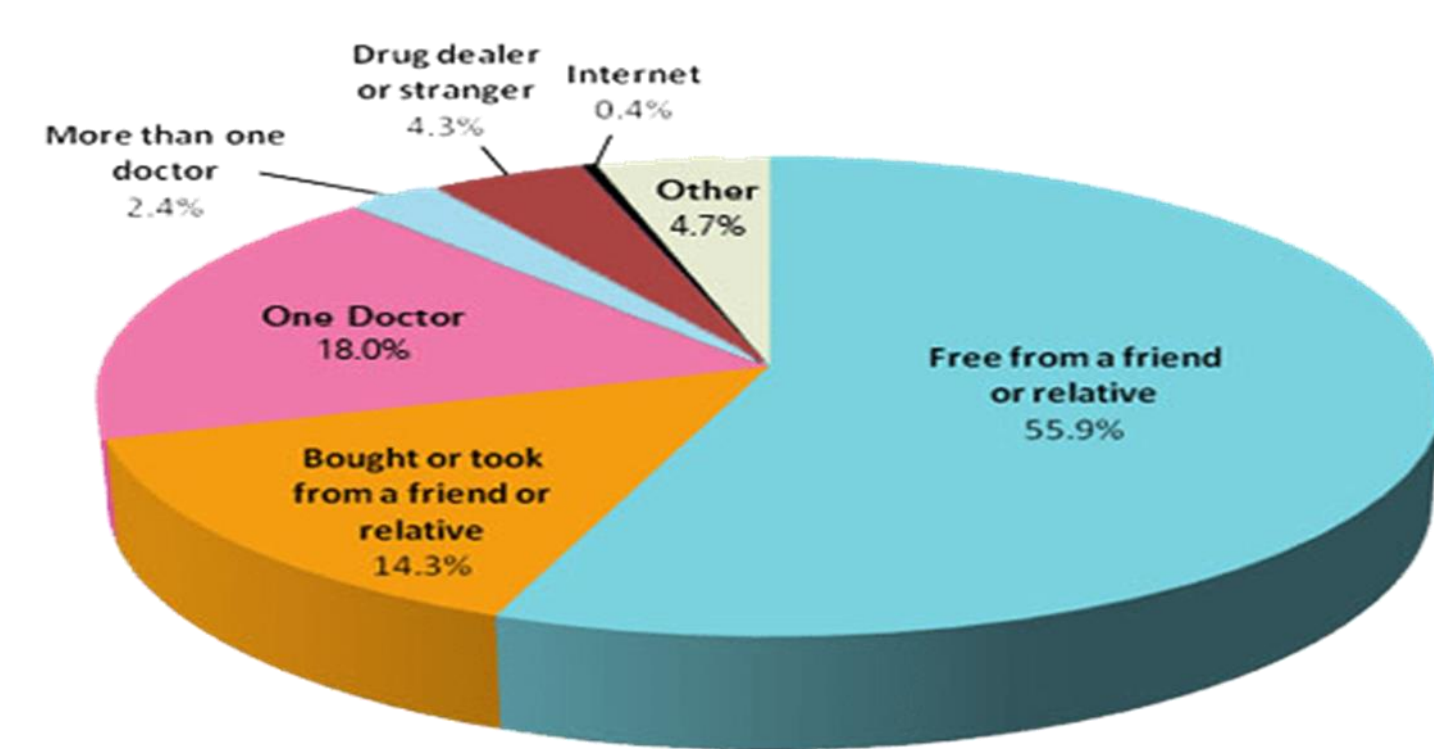
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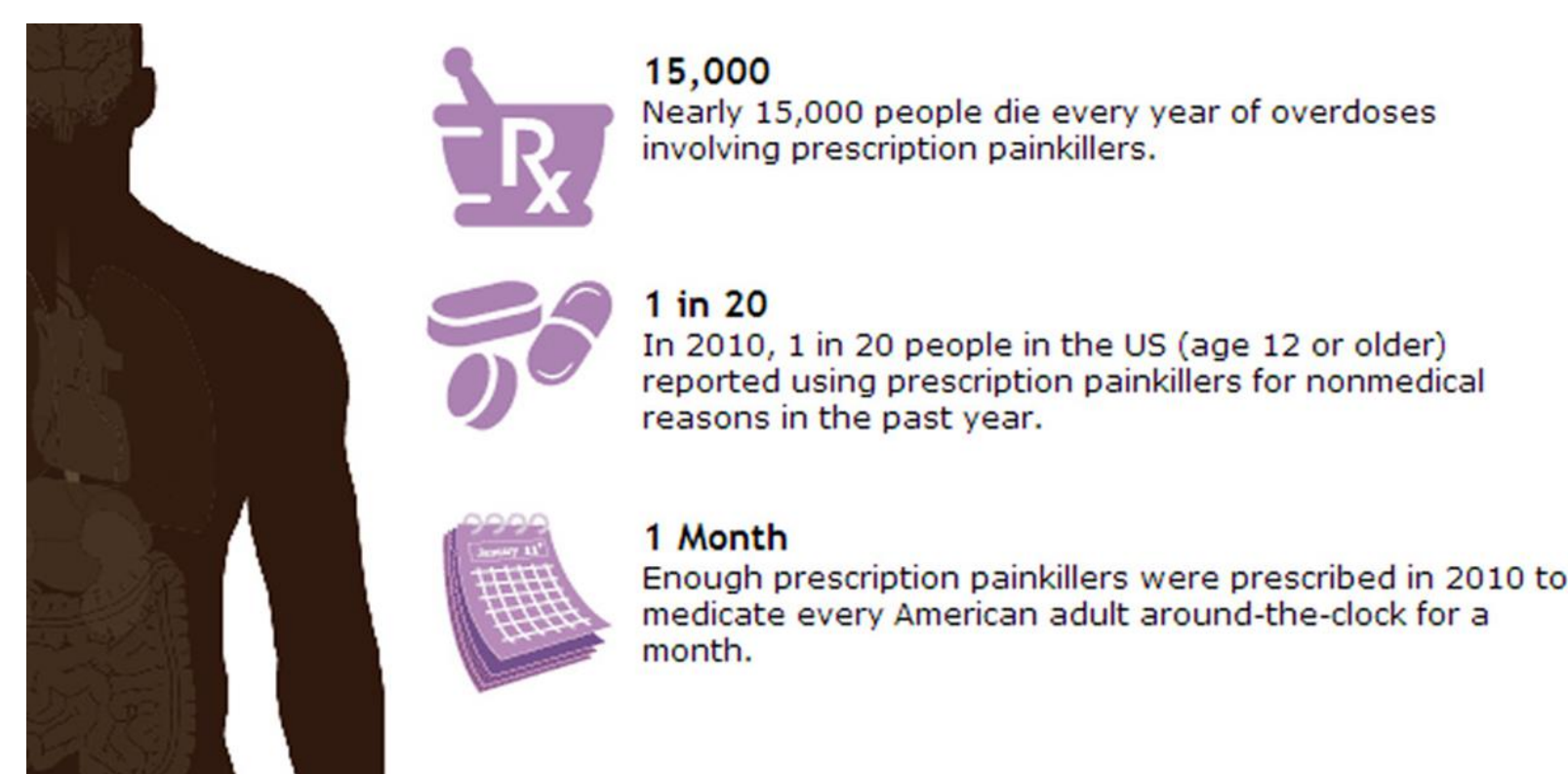
## Purpose

- To provide education on opioid overdose and naloxone kit distribution to primary health care providers at Veterans Administration Facilities in the southeast region.



## Background

- In 2014, there were approximately 200,000 incidents of unintentional opioid overdose nationwide.
- In 2014, there were one and a half times more drug overdose deaths in the United States than deaths from motor vehicle crashes.
- 60% of the 47,055 overdose deaths in 2014 were related to prescription opioids.
- It's estimated that nearly 2 million people abused or were dependent on prescription opioids.
- The 2016 CDC Opioid prescription guidelines described a knowledge deficit regarding opioid prescribing among primary care providers as a contributing factor to this epidemic.



## Methods

### Program Design:

- A convenience sampling strategy was utilized for this project.

- A Likert survey scale was used to determine the effectiveness of the quality improvement project.

### Setting:

- Bay Pines VA during grand rounds.

- Also streamed live over Adobe Connect to the entire Department of Veteran Affairs, Veterans Integrated Service Network (VISN 8) network,

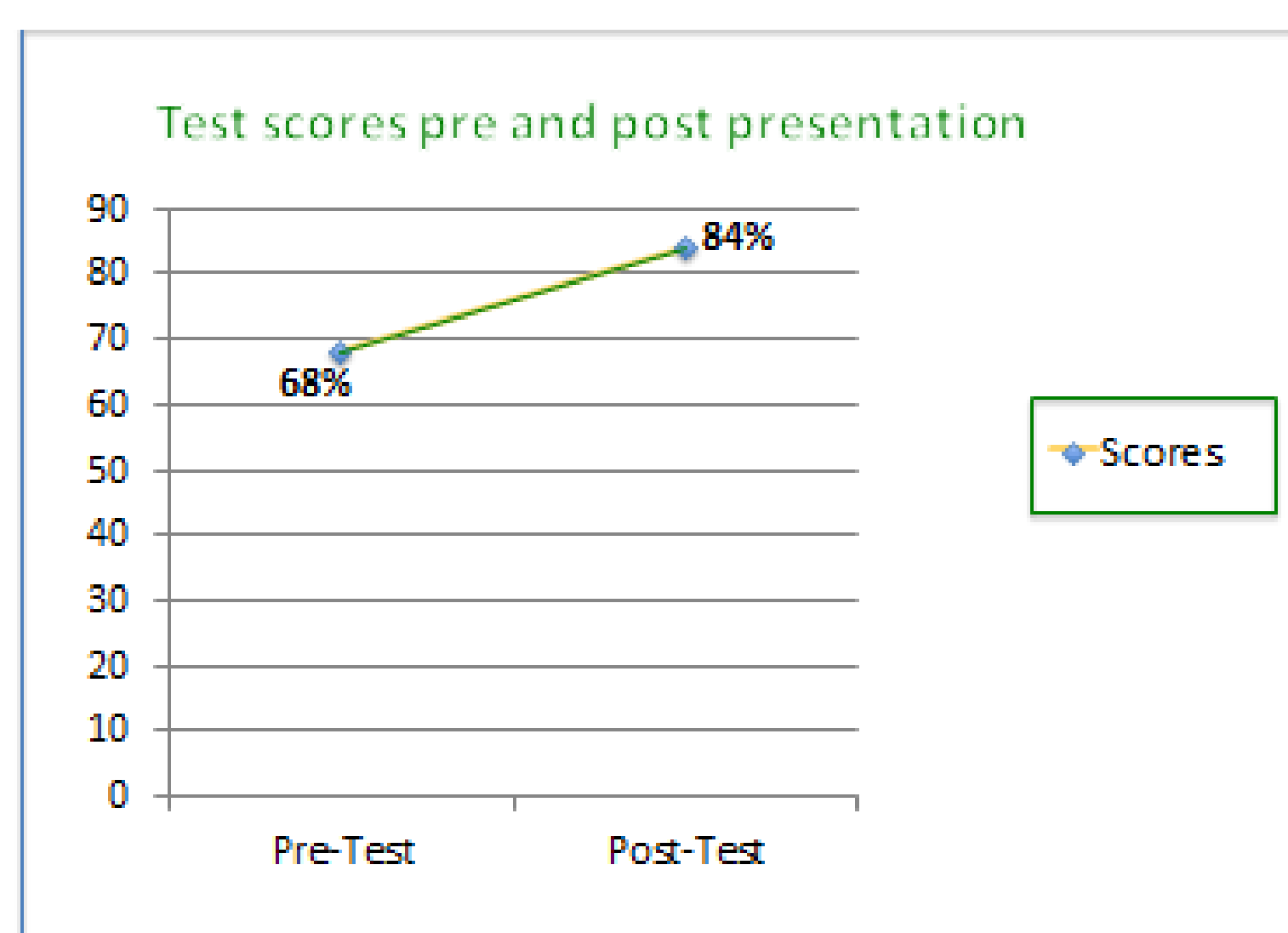
### Measurement:

- Pre/post-test
- Sent via email to the remote locations.



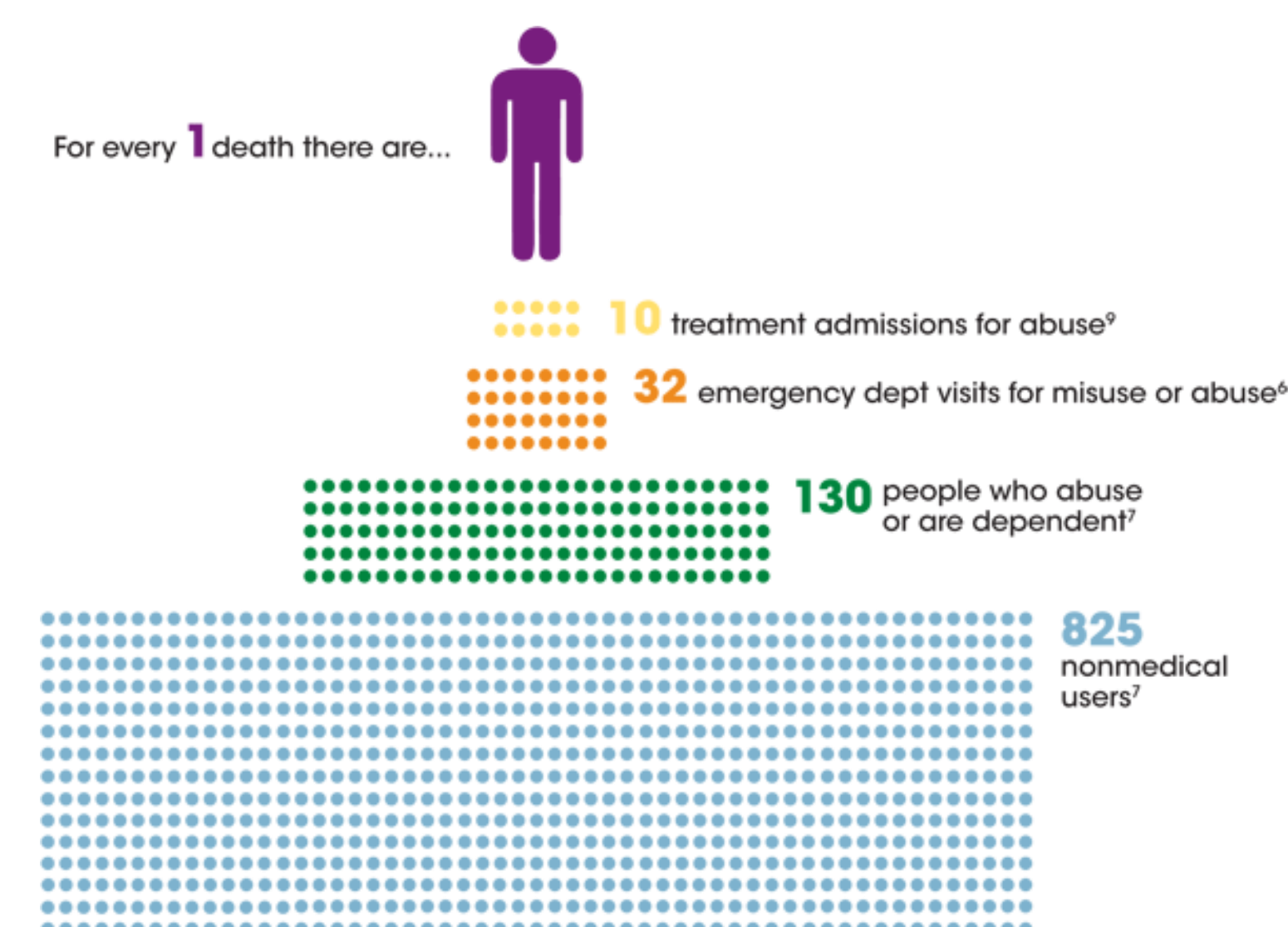
## Results

- The results of the survey suggests a positive change in the medical providers' beliefs and practice.
- The mean average of the pre-test was 34/50 (68%) in contrast to 42/50 (84%) after completing the QI presentation.
- There was a causal relationship regarding the insertion of this QI presentation and an increased knowledge and comfort level regarding the safe administration of opioids and the distribution of Naloxone kits.



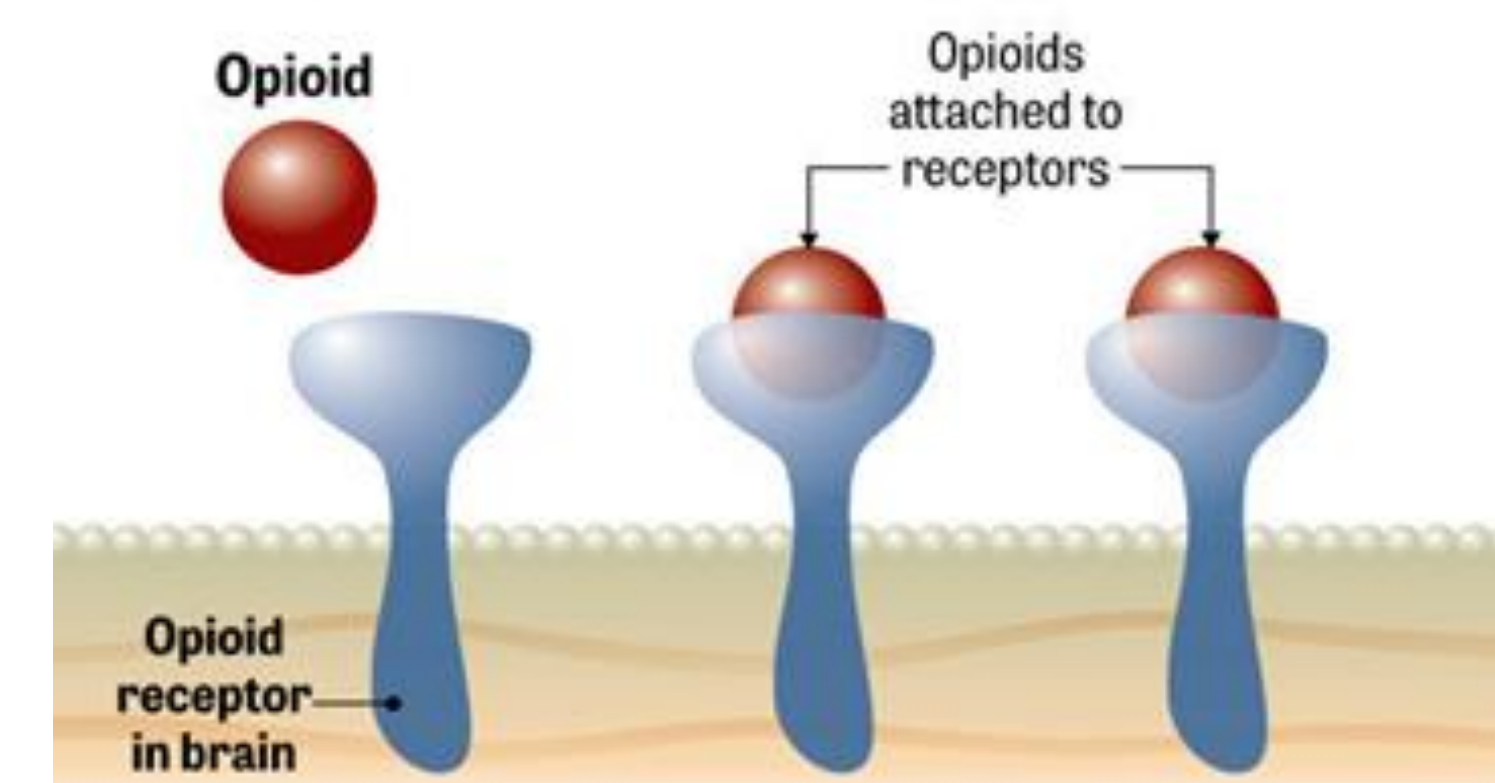
## Discussion

- Patients taking higher dosages of opioids  $\geq 50$  MME/daily are at an increased risk for overdose.
- The risk of overdose is increased exponentially for patients taking  $\geq 100$  MME/daily.
- Opioid pain medication use presents serious risks such as dependence, tolerance, opioid use disorder (OUD) and opioid overdose.
- Increasing naloxone kit distribution is essential in preventing death related to opioid overdose.
- The use of the CDC 2016 prescription guidelines, along with the adaptation of the OEND program will provide PCP's with clinical strategies to address this opioid overdose problem and decrease mortality from accidental opioid overdose.

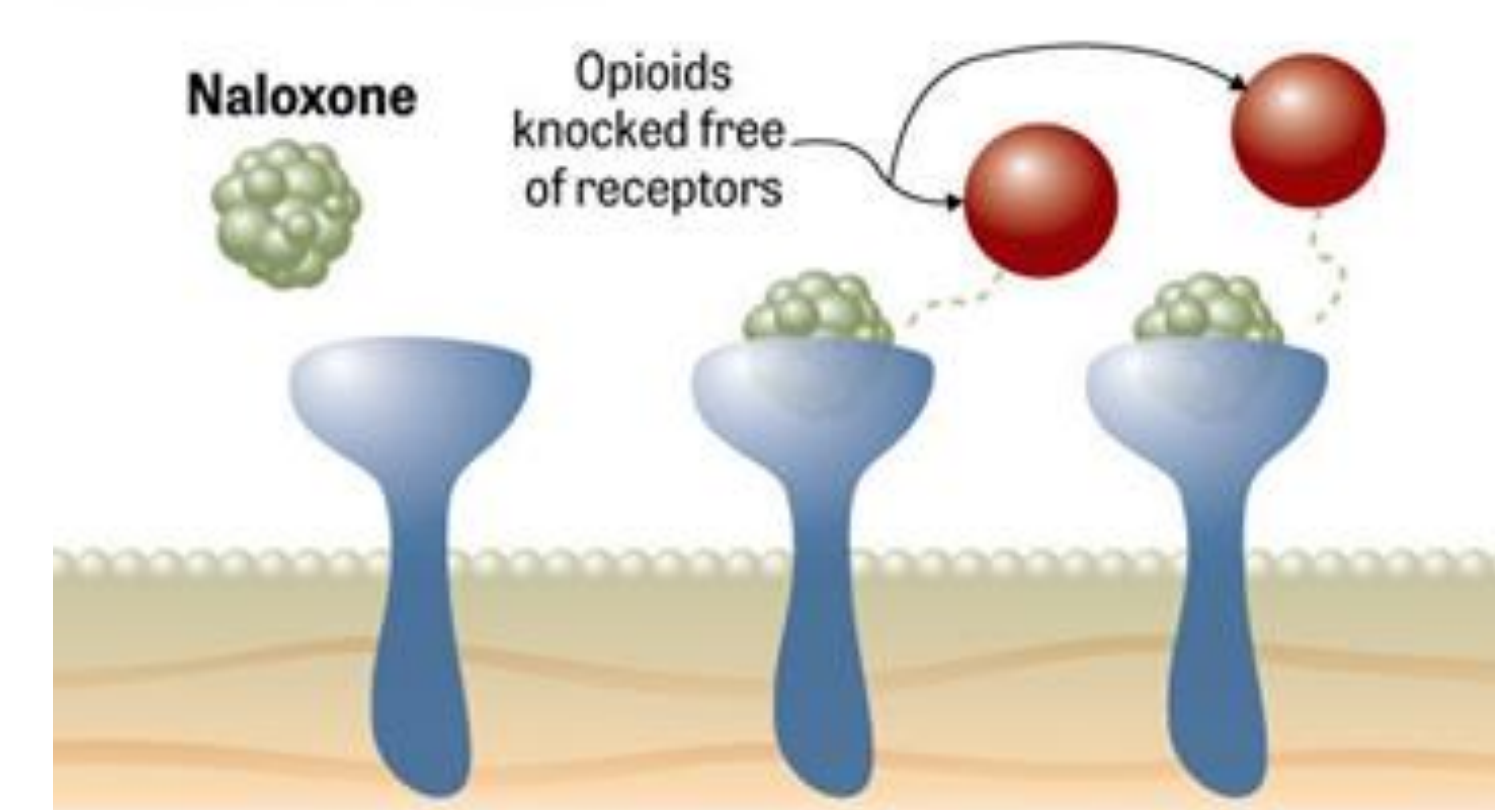


## OPIOID OVERDOSE

The brain has many receptors for opioids. An overdose occurs when too much of an opioid (heroin, OxyContin, Percocet) fits in too many receptors, stopping the person's breathing.



Naloxone has a stronger affinity to the opioid receptors than opioid drugs, so it knocks the opioids off the receptors for a short time. This allows the person to breathe again and reverses the overdose.



Source: harmreduction.org

(MLive.com)

## Opioid Calculation Conversion Tool

Opioid Agent	Milligrams of opioid per Day equalling 50 MME	Morphine Equivalents (MME)	Ratio of Morphine/ Other Opioid Eq.
Fentanyl Transdermal (TD)	25mcg/hr=0.6mg day	50mg	80-100:1
Hydromorphone/Dilaudid	10mg	50mg	5:1
Oxymorphone/Opana	17mg	50mg	3:1
Oxycodone/Roxicodone	33mg	50mg	1.5:1
Hydrocodone	50mg	50mg	1:1
Tramadol/Ultram	500mg	50mg	1:10
Codeine	500mg	50mg	1:10

## Acknowledgements

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