

# Compass Opioid Stewardship in Practice

## Microlearning Series



Sustainable Healthcare Transformation

### Module 9: Naloxone and Overdose Prevention

Welcome to Compass Opioid Stewardship in Practice. Each week, our Compass coaches will explore a real-world case, define a clinical goal, and walk through practical strategies to improve care. Whether you're tuning in via video, audio, or reading the summary, this session is built for busy clinicians like you.

This week's session is brought to you by Dr. Scott Weiner, MD, MPH, FAAEM, FACEP, FASAM; Clinical Coach in the Compass Opioid Stewardship Program.

### Case Presentation

This week's case is about a patient, Claire, a 62-year-old woman with osteoarthritis and chronic low back pain who takes hydromorphone ER 8 mg twice daily and gabapentin. This equates to approximately 80 MME/day. She occasionally uses a sleeping pill (temazepam) at night. She lives with her husband, who worries about accidental overdose. They have heard about naloxone but think it is only for people who misuse drugs.

### Goal

Our clinical goal is to educate Mrs. C and her husband about the risk of opioid-induced respiratory depression and provide them with over-the-counter naloxone nasal spray so they are prepared to respond if an overdose occurs. Naloxone distribution is a key component of harm reduction.

### Achieving our Goal

1. Explain opioid overdose risk. Opioid induced respiratory depression can occur with therapeutic doses, especially when combined with benzodiazepines or alcohol. According to several guidelines, patients taking  $\geq 50$  MME/day or co prescribed sedative hypnotics (such as benzodiazepines) should be offered naloxone. People aged  $>65$  years or with comorbid lung disease, kidney or liver impairment, or sleep apnea are also at increased risk.
2. Describe naloxone. Naloxone is an opioid receptor antagonist that reverses respiratory depression within 2–3 minutes. It is safe, has no abuse potential and does not harm a person who is not overdosing. More than one dose may be required when potent opioids like fentanyl are involved. Note that if the patient is taking chronic opioid therapy, naloxone use in the absence of overdose can precipitate uncomfortable withdrawal.

3. Discuss availability. Naloxone nasal spray is available over the counter in all 50 states and is sold at pharmacies and grocery stores. Many insurance plans also cover the prescription version, sometimes without a co-pay. Cost varies by brand, but community programs, cities and states often provide free kits. Carrying naloxone is no different from carrying an epinephrine autoinjector for allergies.
4. Identify who should carry naloxone. The CDC recommends naloxone for anyone at increased risk of opioid overdose: people taking  $\geq 50$  MME/day, combining opioids with benzodiazepines or alcohol, using non-medical opioids (including fentanyl), or with a history of substance use disorder. Family members and caregivers of these patients should also learn how to administer naloxone.
5. Teach administration and follow up. Show Mrs. C and her husband how to use naloxone nasal spray: peel the package, insert the tip into one nostril and press the plunger. If the person doesn't respond within 2 minutes, give a second dose and call emergency services. After administration, stay with the person for at least four hours or until help arrives. Emphasize Good Samaritan laws that protect rescuers from liability. Encourage them to let relatives and friends know about the naloxone and where it's kept.

## Clinical Pearls

The clinical pearls we want you to remember are:

1. Offer naloxone to patients on  $\geq 50$  MME/day or on opioids plus sedatives – they are at high risk for overdose.
2. Naloxone reverses opioid-induced respiratory depression within minutes and is safe even if the person isn't experiencing an opioid overdose.
3. Naloxone nasal spray is now also available over the counter; ensure patients and caregivers know where to purchase and how to use it.
4. Teach caregivers to administer a second dose if the person doesn't respond within 2 minutes and always call 911.
5. Encourage patients to share naloxone location with family and friends and to avoid combining opioids with benzodiazepines, alcohol or other sedatives.

By equipping patients and their families with naloxone, we empower them to prevent fatal overdoses. As clinicians, we must normalize harm reduction strategies and integrate them into routine care. The Compass OPSS program provides clinical protocols and patient education tools for your patients. For personalized technical assistance, reach out to your Clinical Coach to schedule a coaching session.

## Thank You

This education has been brought to you through the generous support of the Centers of Medicare and Medicaid Services. Thanks for reading this week's Compass Opioid Stewardship in Practice Microlearning Series. Thank you for being part of the Compass Opioid Stewardship Program. And thank you for all you do caring for your patients.

## Resources

- [Naloxone and overdose prevention clinician and patient materials](#)