

Unit-Based Interdisciplinary Team Approach to Dispensing a Naloxone Kit Upon Hospital Discharge

Co-authors: Kriti Thapa, MD, MPH and Nilbhi Patel, MD

Mentor: Meghan K. Train, DO. Collaborators: Nicole M. Acquisto, PharmD and Marissa Pasho, NP

ABSTRACT

Purpose

Naloxone distribution is a harm reduction strategy to combat the opioid epidemic. The aim is to use an interdisciplinary team to screen hospitalized medicine patients at high risk for an opioid overdose or adverse event, thereby increasing the co-prescription of naloxone kits to patients on discharged in an academic, tertiary care center.

Methods

Our project took place in an academic, tertiary care center on a medicine unit. An interdisciplinary team of physicians, advanced practice providers, nurses, care coordinators, social workers and pharmacists led by a physician champion developed and implemented a naloxone distribution program. The team developed screening criteria, a process for identification, nursing driven naloxone education and collaborated with outpatient pharmacy for bedside naloxone kit delivery. A provider and nursing educational campaign was completed at program implementation.

Results

In total, two patients received a naloxone kit at discharge in the seven months prior to program implementation compared to 64 patients in the seven months post-implementation. Common reasons for high-risk identification were high morphine milligram equivalents (n=32), concomitant opioid and benzodiazepine use (n=12), history of substance use disorder (n=7), or medication-assisted treatment (n=6).

Conclusion

This unit-based pilot was successful in identifying high-risk patients and providing naloxone kits and education at hospital discharge.