Prescribing Naloxone

Disclaimer

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Background

About prescribing Naloxone

- **Naloxone (Narcan)** is an opioid antagonist which is used to reverse the effect of opioids in overdose.
- **Naloxone** is available in single-dose ampoules or in a prefilled five-dose syringe.
- **Opioid overdose** is one of the leading causes of accidental death in Australia. In 2015, 420 people died from an overdose, including methadone, in Victoria alone – 330 (over 80%) of these deaths were at least in part due to prescription medicines.
- Most commonly represented opioids in these fatalities are heroin, methadone, codeine, oxycodone, fentanyl, and morphine.
- **Naloxone prescribing and layperson administration** is a component of the Policy for Maintenance Pharmacotherapy for Opioid Dependence.
- **Naloxone is now available:**
  - as a Schedule 3 (pharmacist only medication).
  - on prescription.
**Red Flags:**
- Naloxone overdose

**Assessment**

Assess overall risk of opioid overdose by taking a case history of risk factors and by viewing patient's SafeScript record.

**Background risk factors**
- History of heroin or non-medical opioid use.
- Medical care for opioid poisoning, intoxication, or overdose.
- Discharge from drug withdrawal or rehabilitation program.
- Induction onto a methadone or buprenorphine maintenance program (for addiction or pain).
- Release from jail or prison.

**Current risk factors**
- Legitimate medical need for analgesia, coupled with a suspected or confirmed history of substance abuse, dependence, or non-medical use of prescription or illicit opioids.
- High-dose long-term management of chronic malignant or non-malignant pain (≥ 100 mg per day morphine equivalence). See Australia and New Zealand College of Anaesthetists (ANZCA), Faculty of Pain Medicine – Opioid Dose Equivalence. The calculator should not be used for converting codeine to morphine or morphine equivalents because of the variability in codeine metabolism.
- Opioid prescription with known or suspected:
  - smoking history, chronic obstructive pulmonary disease (COPD), emphysema, asthma, sleep apnoea, or other respiratory system disease.
  - renal or hepatic disease.
  - alcohol use.
  - concurrent benzodiazepine use.
  - concurrent antidepressant prescription.

**Management**

1. Consider if it is appropriate to include family members and significant others as part of the prescribing and training consultation.
2. Provide training to patients at risk, and significant others e.g., partners, friends, or family.
3. For harm minimization and access to the Needle and Syringe Program anywhere across Victoria, see the Needle and Syringe Program (NSP) locator tool.
Naloxone overdose

➢ Life-threatening opioid withdrawal reactions may occur in 1% of cases of Naloxone administration, with the potential to cause a sympathetic excess and resultant pulmonary oedema and ventricular arrhythmia.

➢ Other risks of naloxone overdose include:
  o acute opioid withdrawal syndrome with vomiting, agitation, shivering, sweating, tremor and tachycardia.
  o aggression and refusal to accept further treatment.

5. Prescribe naloxone after the patient and/or significant others have been provided with education by the general practitioner or have completed training through a COPE provider.
   • Prescribe 5 naloxone ampoules 400 micrograms/mL. Write "no repeats".
   • Prescribe further ampoules so that the patient always has a minimum of 5 available. The cost for less than 5 ampoules is the same as prescribing 5. Expiry is 2 years from the date on the box.

6. Offer to refer all patients for additional harm minimization, case management, counselling, and support to either of:
   • [Low risk alcohol and drug treatment assessment](#)
   • [Moderate to high risk alcohol and drug treatment assessment](#)

Referral

- To refer to an education program:
  - contact COPE for details of providers.
  - consider group-based education through Harm Reduction Victoria.
- Offer to refer all patients for additional harm minimization, case management, counselling, and support to either of:
  - [Low risk alcohol and drug treatment assessment](#)
  - [Moderate to high risk alcohol and drug treatment assessment](#)

Information

For Health Professionals:

Further information

- Alcohol and Drug Foundation – [Naloxone](#)
- Anex – [Australian Drug Policy: Livesavers](#)
- Community Overdose Prevention and Education (COPE):
  - [Homepage](#)
  - [Prescribing Naloxone](#)
- Faculty of Pain Medicine, Australia and New Zealand College of Anaesthetists (ANZCA):
  - [Free Opioid Calculator App](#)
  - [Opioid Calculator](#) (desktop version)
  - [Opioid Dose Equivalence](#)
- [naloxoneinfo.org](#)
For patients:

Cope Australia:

- Frequently Asked Questions About Naloxone
- Frequently Asked Questions About Overdose

Sources

References


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