

# Prescribing Naloxone

## [Disclaimer](#)

## Contents

<b>Background .....</b>	<b>1</b>
About prescribing Naloxone .....	1
Red Flags: .....	2
<b>Assessment.....</b>	<b>2</b>
Background risk factors.....	2
Current risk factors.....	2
<b>Management.....</b>	<b>2</b>
Naloxone overdose.....	3
<b>Referral .....</b>	<b>3</b>
<b>Information .....</b>	<b>3</b>
For Health Professionals: .....	3
For patients:.....	4
Sources .....	4

## 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.<sup>1</sup>*
- *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 ( $\geq 100$  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](#).
4. Be aware of the potential for **Naloxone overdose**. Provide in increments of 400 microgram to a maximum total dose of 2 mg (2000 micrograms).

## 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:*
    - *acute opioid withdrawal syndrome with vomiting, agitation, shivering, sweating, tremor and tachycardia.*
    - *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](http://naloxoneinfo.org)

## For patients:

### Cope Australia:

- [Frequently Asked Questions About Naloxone](#)
- [Frequently Asked Questions About Overdose](#)

## Sources

### References

1. ABC News. [place unknown]: ABC News; [Pharmaceuticals in nearly 80pc of Victorian overdose deaths in 2015: coroner](#). 2016.

Last Reviewed: April 2019

[Disclaimer](#)