1. POLICY
	1. The hospital healthcare team will identify high-risk patients, provide education on the use of Naloxone, and provide Nasal Naloxone to individuals at high risk for opioid overdose.
2. PROCEDURE

### IDENTIFICATION OF HIGH-RISK PATIENTS

* + 1. In the emergency room setting, patients can be identified based on the risk of overdose or respiratory depression from opioids such as:
			1. Patients with substance use disorders
			2. Patients illegally using or intentionally misusing opioids
			3. Patients appropriately using prescribed opioids but have increased possibility of respiratory depression or unintentional overdose. For instance, patients with opioid prescription and also who have comorbidities such as COPD, asthma, sleep apnea or concomitantly on benzodiazepine, alcohol use or CNS depressants
			4. Patients with chronic renal or hepatic dysfunction (have poor opioid clearance)
			5. Patients with history of opioid addiction (e.g., opioid prescription from multiple providers and/or pharmacies or high daily dosage)

### DISPENSING NALOXONE

* + 1. Nasal Naloxone for the purpose of dispensing to patients will be obtained by [Name of Institution] through purchasing, grant funding opportunities, local health departments, etc.
		2. Nasal Naloxone will be stored in the [Automated Dispensing Cabinet] in the Emergency Room. This stock will be replenished from a supply kept segregated in the pharmacy.
		3. Once a patient is determined to meet the high-risk criteria and has agreed to accept the offer of Nasal Naloxone, the physician will notify the nurse to obtain the Nasal Naloxone from the [Automated Dispensing Cabinet].
		4. The physician or designated agent will provide patient education and complete the Dispensing Form.
		5. After patient education is provided the Nasal Naloxone will be given to the patient.

### EDUCATING THE PATIENT

* + 1. Physicians and nurses will be trained to provide patient education according to the local health department standards.
		2. Training requirements may be found in the Naloxone Protocol.
		3. Key patient counselling points include the following:
			1. The proper administration of the opioid antagonist
			2. The importance of contacting emergency services as soon as practicable either before or after administering the opioid antagonist
			3. The risks associated with failure to contact emergency services following administration of an opioid antagonist
		4. Patient counseling is mandatory and the person receiving the Nasal Naloxone may not opt out.
		5. The patient will be provided with the number to talk with someone about available substance abuse treatment and recovery services near them: 1-844-HELP-4-WV.
		6. A copy of the current Naloxone Administration “Save a Life” tri-fold brochure, created and maintained by the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Emergency Medical Services (OEMS): <https://www.wvoems.org/files/naloxone/naloxone-brochure-use-of-devices> will be given to the patient.
		7. A copy of the Naloxone tri-fold brochure “Resources for Substance Use Disorders” created and maintained by the West Virginia Department of Health and Human Resources, Bureau for Behavioral Health, Office of Emergency Medical Services (OEMS): <https://www.wvoems.org/files/naloxone/naloxone-brochure-bhf-resources> will be given to the patient.
	1. RECORD KEEPING AND REPORTING
		1. The emergency room physician will document in the medical record that Nasal Naloxone was given to the patient.
		2. The nurse removing the Nasal Naloxone from the Automated Dispensing Cabinet will make an entry on the facility log for Naloxone dispensing.
		3. The nurse or physician providing education to the patient will complete the Naloxone Dispensing Form (see attached).
			1. Completed Dispensing Forms will be placed in the patient’s chart.
		4. Naloxone inventory will be reconciled with dispensing records at least monthly.
		5. The pharmacy will report dispensing data to the West Virginia Department of Health and Human Resources, Office of Drug Control Policy.
	2. TRAINING
		1. Training will be according to the standards set by the West Virginia Department of Health and Human Resources, Office of Drug Control Policy or the West Virginia Board of Pharmacy.