

# Naloxone in Nursing Facilities: HOW IT SAVES LIVES

## What is naloxone?

Naloxone, also known as Narcan, is a life-saving medication that can reverse an overdose of opioids, including prescription opioid medications, heroin and fentanyl. Often available as a nasal spray, naloxone is safe and easy to use.

Source: <https://www.cdc.gov/stopoverdose/naloxone/>

## How does naloxone work?

Naloxone can reverse an overdose within three to five minutes of administering. If the first dose does not revive the person who overdosed, a second dose or more might be necessary. Once the person is revived, naloxone will stay in the body for about 30 to 90 minutes.

## Are there side effects to naloxone?

Naloxone does not affect someone who does not have opioids in their body, and any side effects would be due to a fast withdrawal from an opioid.

Source: <https://nida.nih.gov/publications/drugfacts/naloxone>

## Why should nursing facilities have naloxone available?

Using naloxone in case of overdose can save a resident's life. Naloxone should be available to residents with a history of substance use disorder. Additionally, residents with an opioid prescription, along with any of the below risk factors, should also be considered at risk for an opioid overdose:

- Are taking higher dosages of opioids ( $\geq 50$  morphine milligram equivalents (MME)/day)
- Have certain medical conditions, such as chronic obstructive pulmonary disease

(COPD) or obstructive sleep apnea, which may increase their risk of overdose (regardless of opioid dose), or reduced kidney or liver function

- Have been prescribed benzodiazepines in addition to opioids (regardless of opioid dose)
- Are receiving medication for opioid use disorder (OUD), such as methadone, buprenorphine or naltrexone
- Have a history of overdose
- Are using illegal drugs or pills purchased "on the street," which could potentially be contaminated with illicit synthetic opioids like fentanyl
- Are aged 65 years and older with a non-opioid substance use disorder, reported excessive alcohol use, or mental health disorder (regardless of opioid dose)
- Have a history of opioid use and were recently released from a controlled setting where tolerance to opioids may have changed

Source: <https://www.cdc.gov/opioids/naloxone>

**REVERSE OPIOID OVERDOSE  
WITH NALOXONE**

In nearly 40% of overdose deaths, someone else was present. Having naloxone available allows bystanders to help prevent a fatal overdose and save a life.

DOI: <http://dx.doi.org/10.15585/mmwr.mm6935a1>

## Common prescription opioids:

Oxycodone (OxyContin®), hydrocodone (Vicodin®), Percocet®, codeine or morphine. Ask the prescribing doctor or pharmacist if there are uncertainties about the medication.

## Establishing a nursing facility naloxone use program:

The following considerations can help implement a naloxone use program specific to your nursing facility:

- Update the facility's current emergency kit/box to include naloxone for use in the event of an opioid overdose.
- Naloxone can be stored in a box or storage container until ready for use. Protect from light and store at room temperature.
- Identify staff to be trained in administering naloxone.
- Combine training on opioid overdose and naloxone with other first aid/CPR training and certifications.
- Update facility policies, procedures and protocols regarding the training and use of naloxone.
- Re-evaluate your program periodically. Plan for maintaining and restocking naloxone (including replacement of expired naloxone), other first aid supplies and PPE.
- Use this link to find your state's naloxone access rules and resources: <https://www.safeproject.us/naloxone/awareness-project/state-rules/>

Source: <https://www.cdc.gov/niosh/docs/2019-101/pdfs/2019-101.pdf?id=10.26616/NIOSH PUB2019101>

For further instructions on how to administer naloxone, visit: [https://nursinghomebehavioralhealth.org/news-events/site\\_resources/using-naloxone-to-respond-to-an-overdose-in-a-nursing-facility/](https://nursinghomebehavioralhealth.org/news-events/site_resources/using-naloxone-to-respond-to-an-overdose-in-a-nursing-facility/)

For information on Naloxone in Nursing Facilities: A Checklist for Process Review, visit: [https://nursinghomebehavioralhealth.org/wp-content/uploads/2023/05/COE-NF-Naloxone-Nursing-Home-Checklist-FINAL\\_508.pdf](https://nursinghomebehavioralhealth.org/wp-content/uploads/2023/05/COE-NF-Naloxone-Nursing-Home-Checklist-FINAL_508.pdf)

## Signs of an opioid overdose

During an overdose, breathing can be dangerously slowed, irregular or stopped, causing brain damage or death. It's important to recognize the signs and act fast. Signs include:

- Unable to speak or respond to your voice or touch
- Falling asleep or loss of consciousness
- Small, constricted "pinpoint pupils"
- Choking or gurgling sounds
- Breathing is slow, irregular or has stopped
- Faint heartbeat/pulse
- Limp arms and legs
- Pale, blue, or cold skin
- Blue or purple lips or fingernails



## Here's what to do if you think someone is overdosing

It may be hard to tell if a person is experiencing an overdose. If you aren't sure, it's best to treat it like an overdose—you could save a life.

1. Check for a response.
2. Call 911 immediately.
3. Administer naloxone, if available.
4. Try to keep the person awake and breathing.
5. Lay the person on their side to prevent choking.
6. Stay with them until emergency workers arrive.

Sources: <https://www.cdc.gov/stopoverdose/naloxone/index.html>

<https://www.cdc.gov/drugoverdose/pdf/patients/preventing-an-opioid-overdose-tip-card-a.pdf>