

Category: Resident Posters

11-038 - Does dispensing naloxone kits to high-risk patients at the time of emergency department (ED) discharge reduce the burden of subsequent overdose-related care?

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Co-Authors: Rachel Beham, Pharm D;Charleen Melton, Pharm D

Purpose:

The rates of opioid-related overdose and death have remained at or near historically high levels despite reform in pharmaceutical opioid prescribing trends. This study will determine if a recently implemented protocol which aims to provide high-risk patients with naloxone emergency kits at the time of ED discharge has reduced the need for subsequent overdose-related care to a greater degree than providing the same patients with written outpatient naloxone prescriptions. Patients currently receive either intervention upon discharge from the ED based on a protocolized, criteria-based, provider-implemented decision-making tree that identifies patients at high risk for subsequent overdose.

Methods:

This study will be submitted to the Institutional Review Board for approval. Patients who have received interventions since the time of protocol implementation will be identified using internal automated dispensing audit reports for patients who received naloxone kits and electronic medical records (eMAR) for patients who received written outpatient naloxone prescriptions. Internal eMAR and regional health information exchange database queries will be used to assess the subsequent regional need for overdose related care among study patients by identifying those who later meet any primary composite outcome element including readmission, death, or hypoxic complication and by determining the number of naloxone doses required by readmitted patients. Additionally, year-over-year opioid overdose-related admission rates comparing the year-long period prior to protocol implementation to the year-long period after implementation will be used to determine if providing naloxone kits directly to patients at ED discharge reduced the acute burden of overdose-related care at the source facility. Outcomes data will be recorded without using patient identifiers and will be maintained confidentially using internal documentation. Groups will be compared by calculating rates of the composite outcome and its individual components as well as the mean number of naloxone doses required per readmitted patient.