

10 Tips to Keep Residents Safe Against Potential Opioid Overdose

Drug overdoses nationwide, including those from opioids, have risen in recent years, according to the Centers for Disease Control and Prevention (CDC). Seniors are not immune to the phenomenon, with more and more older adults at increasing risk as the Baby Boom generation ages. In fact, the greatest increase in overdose deaths between 2021 and 2022 was in the population over 65 years of age.

In the event of a resident opioid overdose, communities need education, training, and policies to direct the appropriate use of naloxone. While there is no one-size-fits-all approach to managing this risk, Caroline Garvey, PharmD, BCGP, manager of clinical operations and Kishore “Josh” Bose, PharmD, BCGP, senior manager of clinical services at PharMerica, offer 10 tips to promote effective use of naloxone to protect against opioid overdose in senior living communities.



1

Understand how naloxone works. Bose stresses the need for clinical team members, caregivers, and others to understand that naloxone works specifically against opioid overdoses. Simply put, he says, “Naloxone is a pure opioid antagonist, which means it displaces opioid molecules from their receptors where they exert their effects, and that’s how it prevents the dangerous consequences in overdose scenarios, including respiratory depression.”

Bose notes that naloxone only works for as long as it persists in a person’s body, and as the antidote’s action is often shorter than the opioid of concern, repeat dosing with naloxone is often required. Naloxone’s duration of action can be roughly 30 minutes to two hours, depending on the route of administration, and if the opioid that the individual has overdosed on is still active after that point, the individual is at risk for a secondary event. He further notes that naloxone is relatively safe, promoting its judicious use in situations where opioid overdose is strongly suspected but not necessarily confirmed.

2

Train staff (including frontline caregivers and nonclinical personnel such as housekeeping and dining workers) about the signs and symptoms of an opioid overdose. These include an unresponsiveness or unconscious state; shallow, slowed, or stopped breathing; pinpoint pupils; snoring or gurgling sounds; cold, clammy skin; and/or blue lips or fingernails. While there

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are multiple reasons an individual may be found 'down' with some of these signs (e.g., severe hypoglycemia, post-seizure), opioid overdose should be included in the list of suspected causes, prompting rapid initiation of the emergency medical response and administration of naloxone if opioid overdose is determined to be the cause.

3

Ensure appropriate medical care after administration of the naloxone. Says Garvey, "It's very important to ensure that even if an individual were to receive a single dose of naloxone and recover from their acute overdose incident, they should continue to be observed and emergency medical services contacted." Laying the resident in the lateral recumbent position (on their side) for observation may be a comfortable position that protects their airway during observation. This observation period protects against potential post-administration risks (e.g., vomiting and aspiration) and ensures the resident does not experience a secondary overdose event.

4

Train staff on the use/administration of the naloxone product used in your organization. Whatever product a community uses, it is essential for staff to have adequate training on how to use it. This training needs to include any and all staff who might be nearby and able to respond quickly to an overdose – including housekeeping workers and office staff. This will be particularly key in senior living communities where there may not be an RN or other clinician onsite 24/7. Garvey says, "I am a big advocate of minimally invasive routes of administration, particularly in senior living settings, because an untrained personal care aide, for instance, may be hesitant to administer medicine that involves injecting a needle."

5

Include naloxone in community emergency kits (E-kits). Bose notes, "It is important to have naloxone in E-kits, and it is worth noting that there are multiple dosage forms of this product including IV, intramuscular, and intranasal. It is key to have a product that is fast acting in an emergency situation, and also one that is readily useable by facility staff, accounting for their level of medical training. In senior living communities, intranasal naloxone may be the most appropriate option."

6

Know your state requirements/restrictions regarding naloxone. Bose says, "Know what your state rules are when you're developing your own protocols. For instance, naloxone is one of those products that is subject to many state Good Samaritan laws, which permit even a layperson bystander who's witnessing a overdose to administer the product and be protected from potential legal ramifications." Garvey added that facilities and communities need to understand state regulations when they are putting naloxone in their E-kits and developing policies and procedures.

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7

Identify at-risk residents. Residents who are taking opioids and/or have a history of opioid use disorder or other substance use may be at greater risk for an overdose, as are those who have reduced drug tolerance and those with acute or chronic illnesses or a history of overdose. Nevertheless, don't rely entirely on a person's Medication Administration Record (MAR) or other clinical documentation for information, particularly in situations where residents commonly go in and out of the facility/community and may have unsupervised access to medications, illicit drugs, and alcohol. As with so much in senior living communities, it is important to get to know residents personally and build mutually trusting relationships.

8

Involve family members (as appropriate) in education about opioid overdoses. Particularly for at-risk residents, it will be useful to educate family members about signs/symptoms of an opioid overdose, as well as signs of opioid use disorder. They also may be involved in education and training about the use of naloxone.

9

Have detailed policies and procedures. It is important to make sure staff know how to prepare for and handle an opioid overdose. Detailed policies and procedures will help keep everyone up-to-date and serve as a guide. For instance, a community-wide standing order that assures that naloxone is available to every resident even if they don't have an active opioid order will help enable a prompt response to an overdose or suspected overdose.

10

Utilize the consultant pharmacist as a key team member in education, training, and guidance about naloxone. The consultant pharmacist is an important partner in ensuring that naloxone is available and that staff is equipped to use it as needed. These practitioners also review opioid orders, make appropriate recommendations to optimize therapies, and train staff on the use of naloxone products housed in a community's E-kits. Garvey added, "Most pharmacists are happy to help educate as much as needed, whether that means providing in-services to your staff, helping develop educational materials, or even coming in and helping directly educate the community and families."