

Naloxone Counseling and Prescribing

Overview:

Naloxone is a short-acting opioid antagonist that can rapidly reverse the effects of opioids and can be lifesaving in the setting of opioid overdose. Although induced withdrawal may possibly contribute to fetal stress, naloxone should be used in pregnant patients in the case of overdose to save the patient's life.

Why We Recommend this Best Practice

Naloxone can be administered intravenously or subcutaneously by health care or emergency medical professionals. Additionally, an autoinjectable form and prepackaged nasal spray can be administered by family members or other bystanders when overdose is suspected. Patients at risk of overdose, such as those with long-term use or high doses of opioids, may benefit from always having a naloxone kit available.

Recent studies that evaluated the use of the combination product buprenorphine with naloxone found no adverse effects, and outcomes were similar when compared with buprenorphine alone. The use of the combination product during pregnancy will likely expand as more safety data are accumulated.

Strategies for Implementation

Step 1: Determine current hospital policy on distributing and prescribing Naloxone to pregnant people and/or their family members or support persons.

Step 2: Create a policy or guideline that allows the postpartum person and/or their support person (family member, spouse, partner, etc.,) to leave the hospital with Naloxone.

Step 3: Educate patient and family on use of naloxone (Narcan):

- Naloxone is used, along with other emergency medical treatment, to reverse the life-threatening effects of a known or suspected opioid overdose. Naloxone is in a class of medications called opioid antagonists. It works by blocking the effects of opioids to relieve dangerous symptoms caused by high levels of opioids in the blood. Naloxone will not reverse the effects of non-opioid drugs.
- Naloxone comes as a liquid solution that can be sprayed into the nose, or as a liquid in a vial that can be injected into muscle. It is usually given as needed to treat opioid overdoses.
- Always keep the nasal spray available to use in case of an opioid overdose. Be aware of the expiration date on the medication and replace it when this date passes. Some harm reduction kits include two doses of naloxone. Explain how the patient can continue to access naloxone so that it is always available.
- Symptoms of an opioid overdose include excessive sleepiness, not awakening when spoken to in a loud voice or when the middle of the chest is rubbed firmly, shallow or stopped breathing, or small pupils (black circles in the center of the eyes). If someone sees a person experiencing these symptoms, he or she should give the first naloxone dose and then call 911 immediately. After giving the

naloxone nasal spray, someone should stay with the patient and watch closely until emergency medical help arrives.

- A [“Guide for Patients and Caregivers”](#) is available to print in pamphlet format.
- Fentanyl: Whether taken knowingly or as a contaminant with other drugs, fentanyl’s increased potency relative to other opioids may require the administration of greater doses of naloxone per overdose event.
- Call 911 for any suspected overdose event.

Example Protocols or Guidelines - *COMING SOON*

Additional Resources:

- [ACOG – Opioid Use and Opioid Use Disorder in Pregnancy](#)
- [Mother to Baby – Naloxone](#)
- [WSHA: Distributing opioid overdose reversal medication in EDs and behavioral health settings – 2SSB 5195](#)
- [RCW 69.50.315](#): Allows anyone “at risk for having or witnessing a drug overdose” to obtain naloxone and administer it in an overdose. This includes people who use opioids, family members, friends and professionals.
- [Prescribe to Prevent](#)
 - [NIH – Naloxone DrugFacts](#)