



**SUPERIOR HEALTH**  
**Quality Alliance**

# Nursing Home Leadership Roundtable: Naloxone Use In Nursing Home Settings

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# Learning Objectives

After this session, participants will be better able to:

- Identify signs of opioid intoxication and overdose.
- Administer rescue medications for opioid overdose.
- Utilize Naloxone best practices in nursing home settings.

# The Risk

- Anyone who uses opioids is at risk for overdose.
- Even people who only take prescription opioids as prescribed may overdose.
- High doses and combining with alcohol and other medications increases risk.
- Chronic disease that involves the respiratory system such as asthma or chronic obstructive pulmonary disease (COPD), as well as acute respiratory illnesses can increase opioid use risk.

# Signs of Intoxication and Overdose

# Signs of Being “High” or Overmedicated

This may progress to overdose:

- Appears intoxicated - speech may be slurred; may stumble or stagger.
- Pinpoint pupils - may appear unusually sleepy or drowsy; pupils small or pinpoint.
- Breathing - slowed or shallow.
- Heartbeat – slowed; blood pressure unusually low.

# Signs of Overdose

## BLUE

- **Breathing** abnormally slow, shallow, or erratic; gurgling or snoring sounds; may completely stop breathing.
- **Lips** and fingertips may turn blue (may not be visible for all skin tones).
- **Unresponsive** - will not respond to verbal or physical stimulation.
- **Eyes** - pupils of the eyes are pinpoint and do not respond to changes in light.

# Rescue Medication

# Naloxone

- Naloxone is an opioid antagonist - attaches to opioid receptors and reverses and blocks the effects of opioids.
- In an overdose, high doses of opiates hijack the respiratory center, causing a person's breathing rate to slow to dangerous levels. Naloxone interrupts that process and can save a life, providing a second chance.
- Naloxone is safe and has no effect on a person if no opioids are present.



# Forms of Naloxone

Naloxone currently comes in three U.S. Food and Drug Administration (FDA)-approved forms:

## 1. Injectable

- Injectable naloxone is a solution given by injection into a muscle or under the skin.

## 2. Auto-injector

- Pre-filled single dose of naloxone (designed for nonmedically trained users) automatically inserts a needle into a muscle or under the skin and delivers the injection then retracts the needle into the device.

# Forms of Naloxone, continued

## 3. Prepackaged nasal spray (Narcan®).

- Prepackaged naloxone nasal spray goes by the brand name Narcan®.
- Prefilled, needle-free device that requires no assembly and is sprayed into one nostril.
- Does not require formal training.
- No risk of human immunodeficiency virus (HIV) or hepatitis B or C from accidental needle sticks.

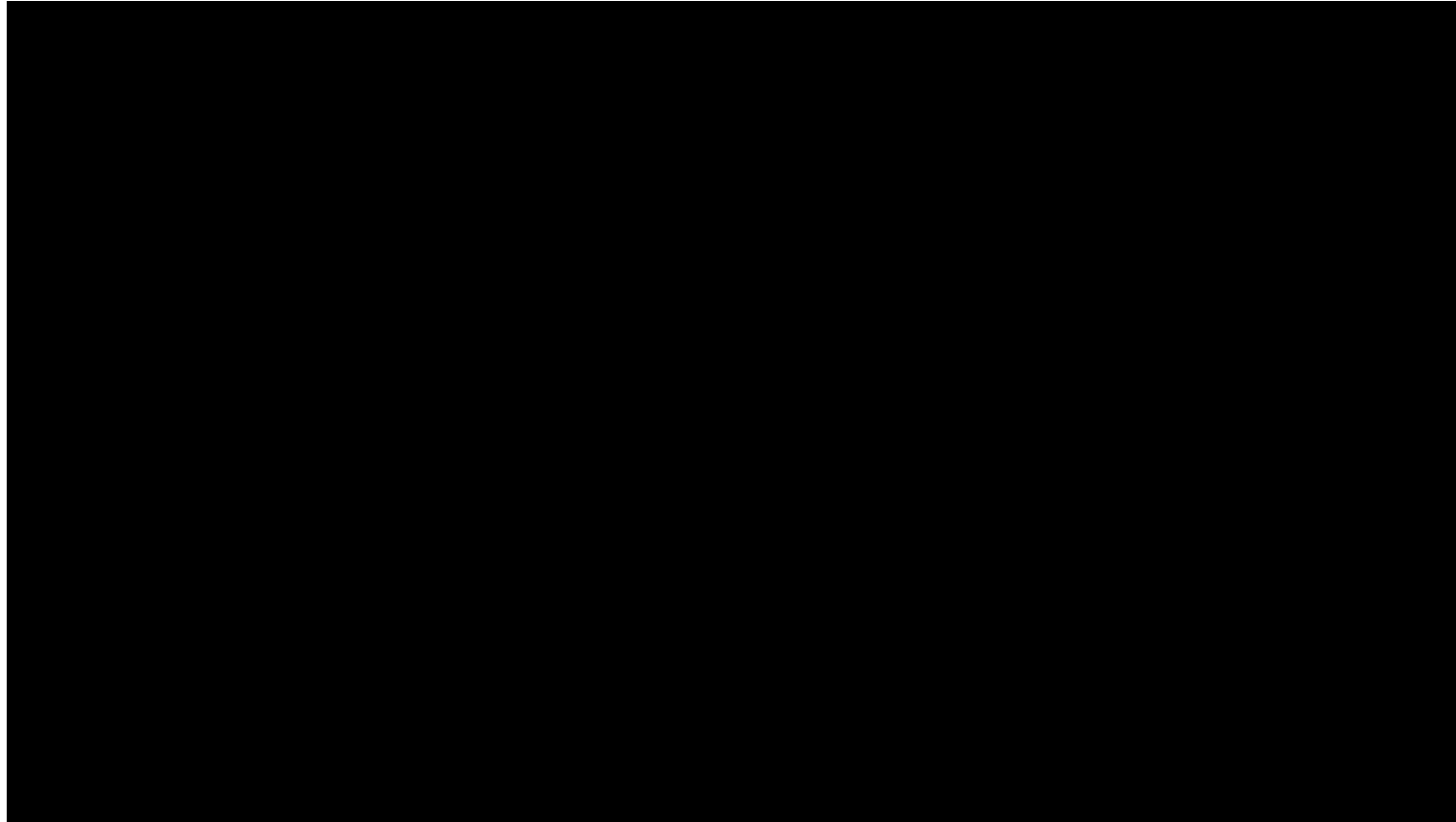
# Comprehensive Response

- Shake and Wake: Is the person is responsive?
  - Gently shake and shout.
  - Touch their face or ear.
  - Sternal rub.
- Call 911.
- Rescue breaths, cardiopulmonary resuscitation (CPR) if qualified.

# Administering Narcan

- **Step 1 – Peel:** Remove nasal spray from the box. Peel back the tab with the circle to open the nasal spray. Do not test or prime the device - it is not needed and will waste medication.
- **Step 2 – Place:** Hold the nasal spray with your thumb on the bottom of the red plunger and your first and middle fingers on either side of the nozzle. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose.
- **Step 3 – Press:** Press the red plunger firmly to give the dose of nasal spray.

# Video Example



Source: Centers for Disease Control and Prevention (CDC), [How to Use Naloxone Nasal Spray](#)

# Nursing Home Facility Guidance

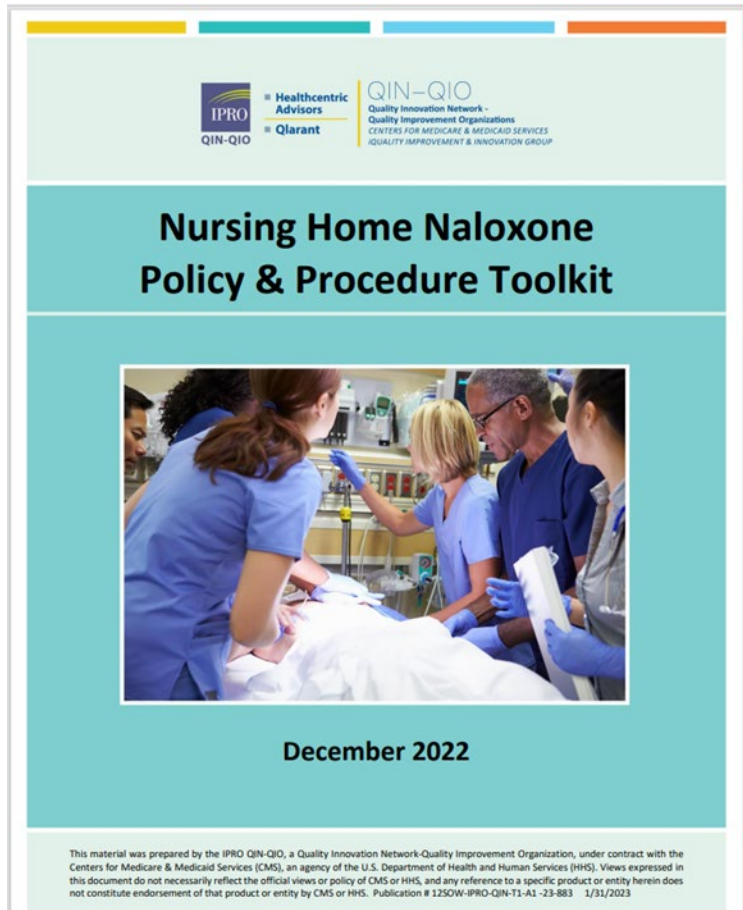
- Facilities should have a written policy to address opioid overdoses.
- Facility staff should have knowledge of signs and symptoms of possible substance use, and are prepared to address emergencies (e.g., an overdose).
  - Increasing monitoring.
  - Administering naloxone.
  - Initiating CPR as appropriate.
  - Contacting emergency medical services.

# Regulations

The tag where compliance concerns are addressed may be found at F 697, §483.25(k) Pain Management:

*The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.*

# Toolkit



- Easy to adapt policies and procedures for nursing homes.
- Implement or improve their emergency response to opioid overdose.
- Includes naloxone administration.
- [Nursing Home Naloxone Policy and Procedure Toolkit, IPRO](#)



# Areas to Consider

- Screening and assessment.
- Educating staff on naloxone.
- Policy on naloxone availability and use.
- Standing orders.
- Overdose drill.

# Questions?

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# Shine a Light on Stigma



# Shine a Light on Stigma: Take the Pledge

**Words Matter.** We are asking individuals and organizations to commit to changing the stigma around substance use disorder by:

1. [Taking the Pledge.](#)
2. [Learning about Stigma.](#)
3. Using non-stigmatizing language.
4. Using Superior Health's Shine a Light on Stigma [promotional media toolkit](#) to help invite more people to join in this effort.



# Continue the Conversation in Superior Health Connect



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