

STOP OVERDOSE



Overdose deaths in North Dakota increased from 20 deaths in 2013 to 43 deaths in 2014.

CDC/NCHS, National Vital Statistics System, Mortality

YOUR ROLE IN PREVENTING OPIOID OVERDOSE

You can prevent opioid overdose through the care you take when prescribing opioid analgesics, monitoring your patient's response, and effectively identifying and addressing opioid overdose.

ASSESS THE PATIENT

Obtain history of patient's past use of drugs (illicit and prescribed medications with misuse potential) by asking specific questions that may indicate behaviors of misuse.

TAKE PRECAUTIONS WITH NEW PATIENTS

Determine who has previously cared for the patient, what medications have been prescribed and for what indications, and obtain medical records (with patient's consent.)

In an emergency, prescribe the smallest possible quantity, typically not exceeding a three-day supply, and arrange for a return visit the following day.

UTILIZE THE NORTH DAKOTA PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

Designed to monitor the prescribing and dispensing of controlled prescription drugs to patients, the PDMP can give you critical information regarding the patient's controlled substance prescription history before selecting a medication for the patient.

SELECT AN APPROPRIATE MEDICATION

Consider severity of patient's symptoms and assess risk factors for substance use disorders before prescribing any psychoactive drug. Conduct periodic checkups to identify potential development of physical dependence.

EDUCATE THE PATIENT

Inform the patient about risks and benefits of the proposed therapy and ethical and legal obligations such therapy imposes on both you and the patient. Patient education should specifically address the potential for physical dependence and cognitive impairment as side effects of opioid analgesics.

EXECUTE THE PRESCRIPTION ORDER

Careful execution of the prescription order can prevent manipulation by the patient or others intent on obtaining opioids for non-medical purposes.

MONITOR PATIENT RESPONSE TO TREATMENT

Recognizing the potential for non-adherence, especially during prolonged treatment, is a significant step in overdose prevention. If you become concerned about the behavior or clinical progress (or lack thereof) of a patient being treated with an opioid analgesic, it is advisable to seek consultation with an expert in the disorder for which the patient is being treated and an addiction expert.

PRESCRIBE NALOXONE ALONG WITH THE PATIENT'S INITIAL OPIOID PRESCRIPTION

Prescribing naloxone is a vital link in preventing overdose deaths from opioid pain medications and heroin.

Naloxone competitively binds opioid receptors and is the antidote to acute opioid toxicity. With proper education, patients on long-term opioid therapy and others at risk may benefit from a naloxone prescription.

Consider prescribing intranasal spray (Narcan®) or auto-injector (Evzio®) naloxone to patients who are:

- Taking high doses of opioids for long-term pain management
- Receiving rotating opioid medication regimens (at risk for incomplete cross-tolerance)
- Using opioids for legitimate medical need, coupled with a suspected or confirmed history of substance use disorder or non-medical use of prescription or illicit opioids
- Using a combination of opioids plus a benzodiazepine or other sedative
- Combining opioids with alcohol, OTC, or other central nervous system depressant
- Recently released from incarceration or an abstinent based program (and presumably with a reduced opioid tolerance and high risk of relapse)
- On certain opioid preparations that may increase risk for opioid overdose such as extended release/long-acting preparations

Most private health insurance plans, Medicare, and Medicaid cover naloxone for the treatment of opioid overdose.

DECIDE WHETHER AND WHEN TO END OPIOID THERAPY

If out-of-control behaviors indicate that continued prescribing is unsafe or causing harm to the patient, immediate cessation of prescribing is advised. These may include altering or selling prescriptions, accidental or intentional overdose, multiple episodes or running out early, doctor shopping, or engaging in threatening behavior.

Source: Substance Abuse and Mental Health Services Administration. SAMHSA Opioid Overdose Prevention Toolkit. HHS Publication No. (SMA) 16-4742. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016.

LEGAL AND LIABILITY CONSIDERATIONS

Prescribing naloxone is consistent with the drug's FDA-approved indication, resulting in no increased liability so long as the prescriber adheres to general rules of professional conduct.

You are protected under North Dakota law:

North Dakota offers immunity from civil and criminal liability to individuals who prescribe, distribute, dispense, receive, possess, or administer an opioid antagonist under North Dakota Century Code 23-01-42.