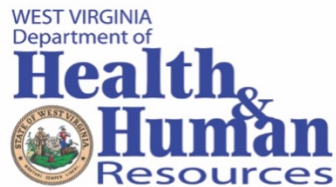


Nalox(ONE)

WEST VIRGINIA

www.wvdii.org/naloxonewv





Binder Table of Contents

Welcome Letter

Process Tool..... A

Triage Tool..... B

Use this flowchart to determine which services to offer to your patients.

Opioid Risk Assessment and Intake Form..... C

Use this assessment to assign a risk level based on patient answers to the patient intake form.

Outcomes Worksheet..... C

Have every patient complete this form prior to receiving an opioid prescription.

To print more, go to www.wvdii.org/naloxonewv.

1:4 Flyer and Naloxone Rack Card..... D

1:4 Brochure: Provide one of these to each patient who receives an opioid prescription

Naloxone Rack Card: Provide one of these cards to patients to whom you suggest naloxone.

To print more, go to www.wvdii.org/naloxonewv.

Referral to Treatment..... E

If a patient needs to be referred on for additional services, use these sites to help determine available options within a certain radius of your zip code.

Naloxone Consultation Checklist..... F

Naloxone Prescription Sheet..... G



Proactively help patients and communities by providing resources to pharmacists to educate about opioid misuse and accidental overdose

Welcome to Nalox(ONE) West Virginia and the statewide fight against the opioid crisis. To aid in successful implementation within your pharmacy, please encourage all of your employed pharmacists to participate in the training. The training is available at: www.wvdii.org/naloxnewv.

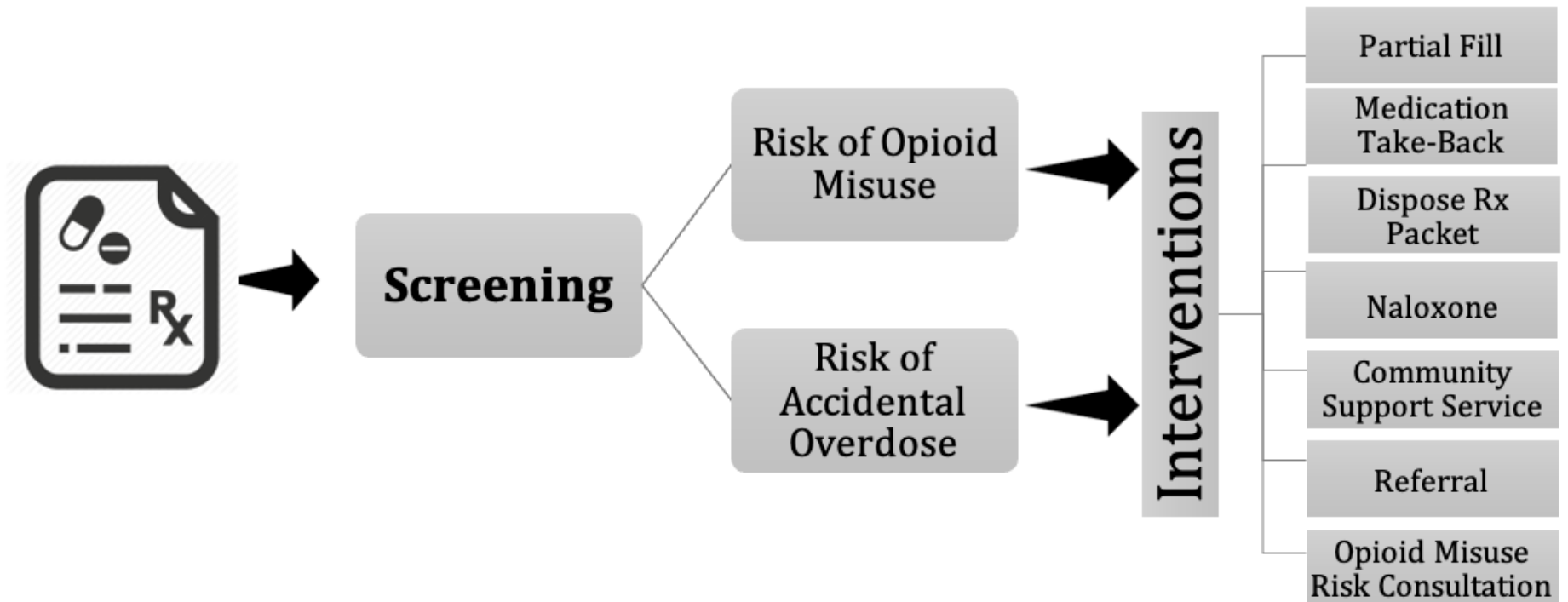
In this packet you will find:

- Bag flags
 - Use these flags for Rx bags that will be picked up by patients who still need to complete the ORT
- Safe opioid use rack card
 - Place these in an area so pharmacists can provide one of these to each patient who receives an opioid prescription
- A binder with all necessary tools and guidance documents

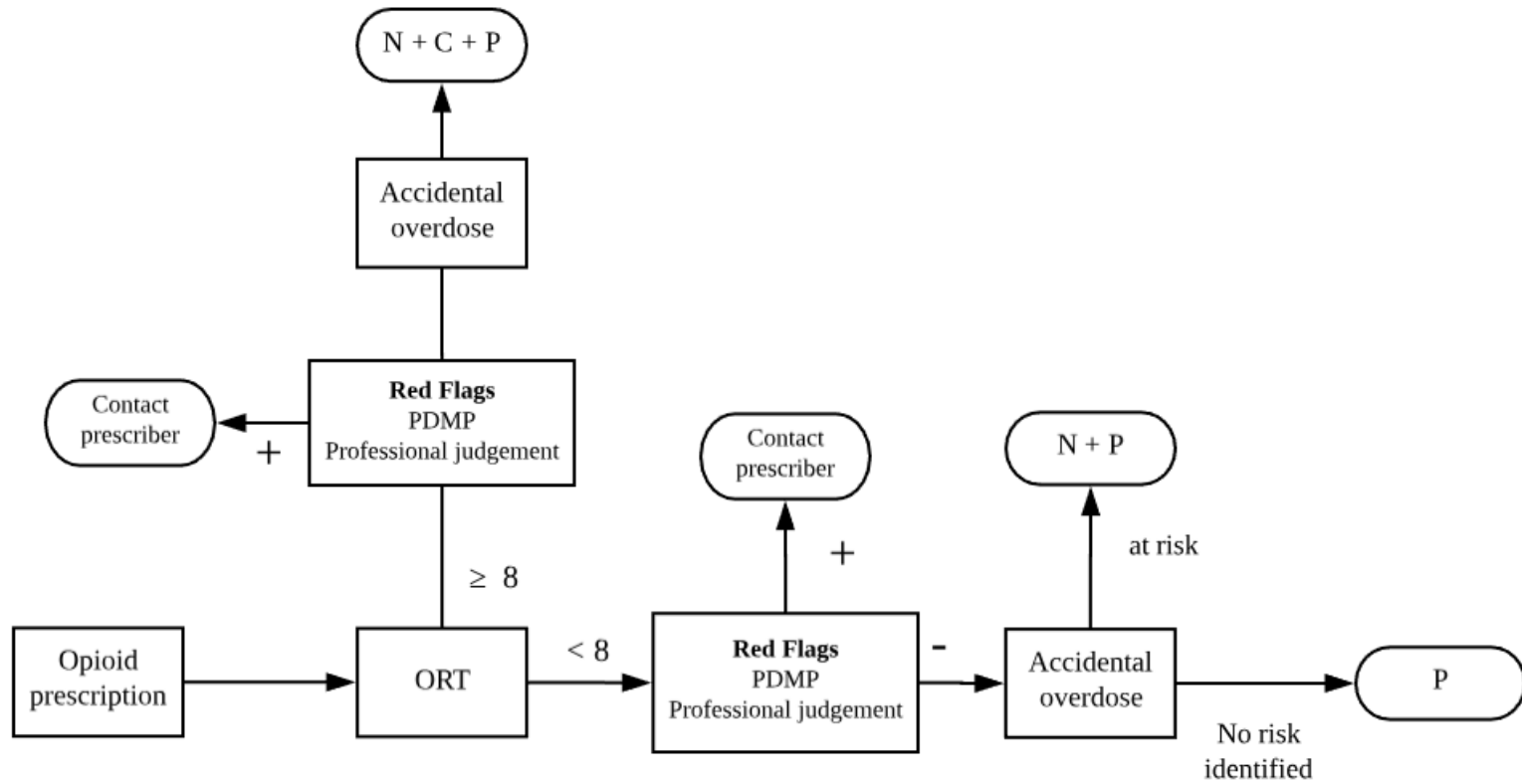
Pharmacy's success within West Virginia is credited to the leadership provided by pharmacists such as yourself. Facing the opioid crisis, your leadership has never been needed more. We thank you for your commitment to our patients, the profession, and the state.

Regards,

The Nalox(ONE) West Virginia Team



It is important that we interact with all patients who are receiving an opioid prescription and not just the ones that we suspect may be experiencing substance use disorder. By standardizing your approach to opioid use, you can reduce the anxiety and emotional response of your patients by stating that this is something you do with all opioid fills. The goal of screening is to provide interventions to those who need them.



	N: prescribe, dispense, counsel on naloxone C: counsel patient on potential for substance use disorder, community support services P: counsel on opioid Rx pearls [partial fills, medication disposal]	
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Opioid Risk Assessment & Intake Form

Patient age: _____

YES NO Has the patient taken this or other opioid medications in the last 60 days?

Examples: Duragesic® (fentanyl), Oxycontin® (oxycodone), Vicodin® (hydrocodone), morphine

Put a check in the box next to those items which apply to the patient.

Opioid Misuse Risk Assessment

	Yes	F	M
Family history of substance abuse			
Alcohol		1	3
Illegal drugs		2	3
Prescription medication misuse		4	4
Personal history of substance abuse			
Alcohol		3	3
Illegal drugs		4	4
Prescription medication misuse		5	5
Age between 16 - 45 years		1	1
History of preadolescent sexual abuse		3	0
Psychological disease			
Examples: attention deficit disorder (ADD), obsessive compulsive disorder (OCD), bipolar		2	2
Depression		1	1

Total Score: _____

Circle the age the patient is in: 16-25 26-44 45-64 **Greater than 64**

Medical history: Circle all those which apply to the patient.

asthma depression anxiety COPD/emphysema sleep apnea liver disease kidney disease

While using this medication is there a chance the patient may consume any of the following?

YES NO Medication used to treat anxiety

Examples: Xanax® (alprazolam), Ativan® (lorazepam), Valium® (diazepam) Klonopin® (clonazepam)

YES NO Medication used to treat depression

YES NO Medication known as a muscle relaxer

Examples: Flexeril® (cyclobenzaprine), Skelaxin® (metaxalone)

YES NO Medication used to aid in sleep (prescription or over the counter)

YES NO Cough or cold medication

YES NO Alcohol

YES NO Are you currently taking other opioid medications?

Examples: Duragesic (fentanyl), Oxycontin (oxycodone), Vicodin (hydrocodone), morphine

Accidental Overdose Risk Assessment



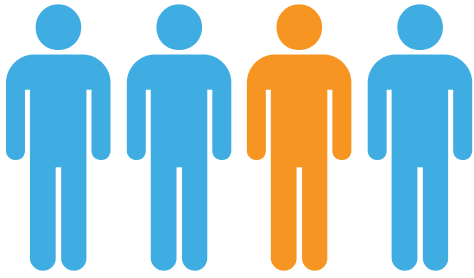
Outcomes Worksheet

Patient Name: _____ **Date of Birth:** _____

Yes	No	Not screened	Today, patient was identified as at risk for accidental overdose based on current disease states, current medications, or age
Yes	No	Not screened	Today, patient was identified with one or more red flags of opioid use disorder <i>If yes, these red flag concerns were discussed with the patient</i>
Yes	No	PDMP not checked	Today, patient was identified with potential opioid use issues based on PDMP results <i>If yes, these issues were discussed with the patient</i>
Yes	No		Medication take-back program was introduced to the patient
Yes	No	Not offered	The opioid prescription was partially filled <i>If no, please indicate reason (check all that apply):</i> <input type="checkbox"/> Pharmacist oversight <input type="checkbox"/> Prescription quantity too small <input type="checkbox"/> Less than 3 days supply prescribed <input type="checkbox"/> Increased cost to patient
Yes	No	Not indicated for this patient	Opioid use disorder was explained to the patient
Yes	No	Not indicated for this patient	Community support/treatment services information was discussed with the patient
Yes	No	Not indicated for this patient	The benefits of naloxone were explained
Yes	No	Not indicated	Naloxone was prescribed by the pharmacist
Yes	No	Not indicated	Naloxone was received by the patient: <i>If yes, which dosage form: nasal spray Evzio injectable atomizer</i>
			<i>If yes, how much did the patient pay out of pocket (copay)</i> Free from a grant \$0 to \$10 \$11-20 \$21-\$30 \$31-\$40 >\$41
			<i>If no, please indicate the reason (select all that apply):</i> Cost Patient didn't perceive a need Patient was in a hurry Other (please explain)
Yes	No	Not indicated	The prescriber of the opioid medication was contacted <i>If yes, what was changed?</i> medication strength directions quantity nothing
			How long did the pharmacist spend with the patient? _____ minutes How many DisposeRx packets were dispensed? _____

THE RESULTS OF THIS DOCUMENT MUST BE ENTERED INTO DOCSTATION









1 in 4

people receiving
long-term opioid therapy

STRUGGLES WITH ADDICTION




Prescription opioid addiction A GROWING EPIDEMIC...

-  Opioids work by blocking the feeling of pain without fixing the underlying cause.
-  Prescription opioids may be habit forming and lead to addiction even when taken as prescribed.
-  Patients taking prescription opioids are also at risk for impaired breathing, unintentional overdose or death.
-  Caution when taking prescription opioids with:
 - alcohol
 - benzodiazepines (ex. Xanax®, Valium®)
 - muscle relaxers (ex. Soma®, Flexeril®)
 - hypnotics (ex. Ambien®, Lunesta®)



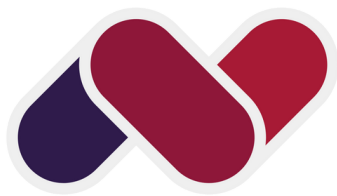
For more information, go to:
wvdii.org/naloxONE

KEEP YOURSELF AND YOUR LOVED ONES SAFE:

-  **1 Lock**
Keep medication out of sight and in a safe and secure place.
-  **2 Monitor**
Keep track of medication and take only as directed.
-  **3 Take Back**
Drop off unused medication at local Take Back locations. To find a location near you, go to www.dea.gov/takebackday. Click Selection site locator.

IF YOU ARE CONCERNED:

- Talk to your pharmacist or practitioner about [naloxone](#), a treatment to reverse overdose.
- Follow-up with your practitioner
- Find behavioral health treatment providers at www.findtreatment.samhsa.gov.






Nalox(ONE)

WEST VIRGINIA

Opioid & Naloxone Education

About Naloxone:

-  Opioids can slow or stop your ability to breathe. Naloxone can reverse the effects of opioids, and restore the ability to breathe.
-  Naloxone is a safety measure, similar to a fire extinguisher. It's good to have available, but hopefully, you never need to use it.
-  Ensure a family member or loved one knows where to access the naloxone in case of an emergency.

Response to Overdose:

1 Check responsiveness

- Look for any of the following:
 - No response, even after attempts to wake
 - Breathing slows or stops
 - Lips and fingernails turn blue or gray

2 Call 911 & give naloxone

- If no reaction in 3 minutes, give second naloxone dose.

3 Do rescue breathing and/or chest compressions

- Follow 911 dispatcher instructions

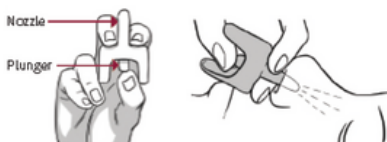
4 Stay with person until help arrives

How to give Naloxone:

There are three common naloxone products. Follow the instructions for the type you have.

Nasal spray

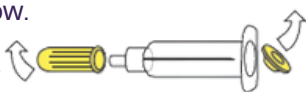
This nasal spray needs no assembly and can be sprayed up one nostril by pushing the plunger.



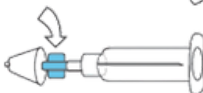
Naloxone nasal with atomizer

Follow the instructions below.

1. Take off yellow caps.



2. Screw on white cap.



3. Take purple cap off vial of naloxone.



4. Gently screw vial of naloxone into barrel of syringe.

5. Insert white cone into nostril, give a short strong push on end of vial to spray naloxone into nose. **ONE HALF OF THE VIAL INTO EACH NOSTRIL.**



6. If no reaction in 3 minutes, give second dose.

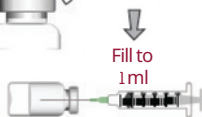
Injectable Naloxone

Requires assembly. Follow the instructions below.

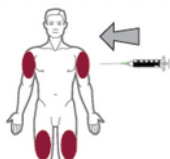
1. Remove cap from naloxone vial and uncover the needle.



2. Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 ml.



3. Inject 1 ml of naloxone into an upper arm or thigh muscle.



4. If no reaction in 3 minutes, give second dose.

Learn more at wvdii.org/naloxonewv



Referral to Treatment

Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Locator:
<https://findtreatment.samhsa.gov/>

SAMHSA’s “Behavioral Health Treatment Services Locator, [is] a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance abuse/addiction and/or mental health problems.”

From the Behavioral Health Treatment Services Locator page, search by zip code, call the national hotline or watch tutorials on searching and filtering your searches.

After searching by zip code, you will be directed to an alphabetical list of treatment facilities nearest that location. Contact information including phone number and address are given for each facility. You are encouraged to work with your patient to determine a location that would be preferred and to give your patient the full contact information for any treatment facilities/locations he or she may be interested in.



Naloxone Dispensing and Consultation Checklist

- Introduction and recommendation**
 - Example conversation starters:
 - Based on ____ you may be a candidate for a naloxone prescription.
 - Safety precaution in case of accidental overdose (seatbelt or fire extinguisher analogy)
 - All individuals who are prescribed opioids have some risk of overdose
- Safety**
 - If given to someone who hasn't overdosed there is no effect
 - Does not produce tolerance
- Verify the intended recipient does not have a known hypersensitivity to naloxone**
- Signs and symptoms that naloxone may be needed to be administered**
 - pinpoint pupils, difficult to wake, body limp, slow or shallow breathing, intoxicated behavior, pale or blue lips or face, choking sounds, cold/clammy skin
- Administration**
 - If possible call 911 before delivering naloxone
 - Be prepared to provide rescue breathing
 - Instruct on proper administration (use a demonstration device if possible)
 - Provide patient handout on selected naloxone dosage form
- Effectiveness**
 - If no symptom improvement in 2 to 3 minutes give a second dose
- Adverse effects**
 - Withdrawal symptoms (flushing, weakness, restlessness, irritability, diarrhea, nausea, body aches, fever, pain, chills, runny nose)
 - Typically subsides within 2 hours
- Storage conditions**
 - Store at room temperature,
 - Narcan Nasal Spray and Evzio Auto-Injector may have excursions 39-104°F
- Shelf-life**
 - Always check the expiration date
- Disposal**
 - Nasal spray dispose in trash inaccessible to children and pets
 - Injectable administration dispose in sharps container
- Verify the name of the patient's primary care provider to notify if applicable**
- Common questions and concerns to address**
 - Apps or patient information handouts to assist with administration
 - Addiction treatment options and counseling services
 - Good Samaritan Laws

Developed in alignment with North Dakota Board of Pharmacy 61-04-12-02
Naloxone Rescue Therapy for Opioid Overdose. Pharmacists Letter; Volume 2016, Course 242
PrescribeToPrevent.org



NALOXONE PRESCRIPTION SHEET

1. Does this patient currently use or have a history of using either illicit or prescription opioids?

-If yes, it would be appropriate to prescribe naloxone.

2. Is this patient in contact with anyone who uses or has a history of using either illicit or prescription opioids?

-If yes, it would be appropriate to prescribe naloxone.

3. Does this patient have a known hypersensitivity to naloxone?

-If yes, **do not** prescribe naloxone.

Patient Name _____ DOB _____

Address _____ Date _____

(chose one product depending on patient specific factors including cost, personal ability, and setting)

A. Intranasal (naloxone 2 mg/2 mL)

Sig: Spray 1 mL (one-half of syringe) into each nostril upon signs of opioid overdose. Call 911. May repeat once if no response within 2-3 minutes.

Dispense # _____.

B. Intramuscular injection (naloxone 0.4 mg/1 mL)

Sig: Inject 1 mL intramuscularly upon signs of opioid overdose. Call 911. May repeat once if no response within 2-3 minutes.

Dispense # _____.

C. Intranasal branded (Narcan Nasal Spray)(naloxone 4mg/ 0.1 mL)

Sig: Spray 0.1 mL (contents of one device) into one nostril upon signs of opioid overdose. Call 911. May repeat once if no response within 2-3 minutes.

Dispense # _____.

Pharmacist Signature _____ Refills _____

BRAND MEDICALLY NECESSARY

Yes / No