



Opioid Overdose Education and Naloxone Distribution (OEND) Program

Quick Reference Fact Sheet

What is OEND?

The VA OEND Program aims to reduce harm and risk of life-threatening opioid-related overdose and deaths among Veterans. Key components of the OEND program include education and training regarding opioid overdose prevention, recognition of opioid overdose, opioid overdose rescue response, and issuing naloxone products.

What is Naloxone?

Naloxone is a medication intended for **reversing** a life-threatening opioid overdose. Naloxone has no other effects and cannot be used to get high.

What puts people at risk of overdose?

- Loss of tolerance to opioids
- Mixing opioids with other depressant drugs or alcohol
- Poor or compromised physical health
- Variation in strength and content of drugs

Who should be prescribed naloxone?

Offer naloxone to **Veterans prescribed or using opioids** who are at increased risk for opioid overdose or whose provider deems, based on his/her clinical judgment, that the Veteran has an indication for naloxone. See PBM's Recommendations for Issuing Naloxone if additional guidance is needed.

Who are generally not good candidates for naloxone?

Hospice / palliative care patients. OEND should be considered on a case by case basis and not routinely in these patients.

Remember:

- Naloxone products and overdose education complement, and do not replace, safe and responsible opioid use.
- Don't ignore an opioid use problem or disorder.
 - Consider getting treatment or accepting a referral for treatment.
- Discuss the risks and benefits of using opioids for pain with your provider. Together you may decide whether the risks outweigh the benefits.



Patient Education and Training

When to give naloxone	Life threatening opioid overdose → no response, no or very slow breathing (1 breath every 5 seconds), bluish-purplish or ashen-gray appearance
How to give naloxone	<ul style="list-style-type: none"> • Ask Veterans to demonstrate assembly and administration. • Is he/she unable to assemble or administer naloxone properly and in a timely fashion despite several practice trials?
How to call for emergency medical services	“911”
How to provide rescue maneuvers	<ul style="list-style-type: none"> • Rescue breathing (if overdose is witnessed) • Chest compressions (if collapse is unwitnessed) • Recovery position (if person is breathing but unresponsive)
When to consider a second dose of naloxone	<ul style="list-style-type: none"> • If the person doesn’t start breathing 2–3 minutes after the first naloxone dose, give a second dose. • Remind the Veteran that naloxone only lasts 30–90 minutes, so calling 911 and being prepared to give a 2nd dose of naloxone if the person stops breathing again is important.
How to properly dispose of sharps	<ul style="list-style-type: none"> • Give sharps to ambulance crew for disposal. • Use alternative sharps disposal receptacles, such as a heavy-duty plastic household laundry detergent container. The container should be leak-resistant, remain upright and stable during use, have a tight fitting, puncture-resistant lid, and have a ‘hazardous waste’ warning label affixed to it. • Follow local or community guidelines for proper disposal of the container.
When to ask for a naloxone refill or replacement	<ul style="list-style-type: none"> • After naloxone has been used to reverse opioid overdose. • When naloxone expires or the container is damaged or cracked. • When naloxone solution becomes discolored or cloudy. • When in doubt about naloxone potency after prolonged exposure to extreme temperatures.

Questions to Ask After Naloxone Has Been Used for a Rescue

Date of use _____

Patient information _____

Who administered naloxone? _____

Who overdosed? _____

Where did the overdose occur? _____

What was the victim’s condition when found?
(responsiveness, breathing rate, skin color, pulse present/absent)? _____

Which naloxone product did you use? _____

Did the naloxone work? Yes No

How many doses were given? _____

Was 911 called? Yes No

Did you provide rescue breathing or chest compressions? Yes No

Did you place the victim in the rescue position?
Yes No

Did police, EMTs, and/or firefighters arrive?
Yes No

Did you stay with the person until the naloxone wore off or until the person got medical attention?
Yes No

Did the person live? Yes No

How did you dispose of the naloxone?

Do you have anything else you’d like to talk about with your provider? _____

Naloxone refill prescribed? _____

For more information please refer to the *Recommendations for Use of Naloxone* at www.pbm.va.gov