



DISPENSING NALOXONE

Consider talking to your patient about naloxone if the following conditions are present:

✓ **HIGH-DOSE OPIOIDS**

When filling an opioid prescription, individually, or in aggregate with, other medications, greater than or equal to 50 MMEs/day.

✓ **HISTORY OF OUD OR OVERDOSE**

When dispensing any dose of an opioid to a patient with a prior history of opioid use disorder (OUD) or overdose.

✓ **PRESENCE OF BENZOS**

When dispensing any dose of opioid when a benzodiazepine has been prescribed in the past 30 days or will be dispensed at the same time.

✓ **UNDERLYING CONDITIONS**

When underlying health conditions can complicate the efficacy of opioids.

NALOXONE CONVERSATION STARTERS

Use these conversation starters with patients and their loved ones to discuss naloxone for at-risk patients.

- ▶ **Most opioid overdoses are accidental.** Naloxone can reverse the effects of an opioid overdose and **can save a life**, just like a seatbelt or fire extinguisher.
- ▶ **Naloxone does not replace emergency services** — call 911 if someone experiences an overdose.
- ▶ **Review the signs and symptoms** of opioid overdose, including the potential for life-threatening reactions that make breathing slow down or stop.
- ▶ Ask caregivers if they feel comfortable administering naloxone if needed.
- ▶ **Offer naloxone training** for those caregivers to increase their confidence and comfort level.
- ▶ Tell patients and caregivers about what to expect after giving someone naloxone.