Saving Postpartum Lives

A Naloxone Toolkit for Nurses, Obstetrical Providers, and Pharmacists

Comagine Health

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TABLE OF CONTENTS

ABOUT THIS TOOLKIT

Mental health conditions, including substance use disorder and unintentional overdose are the leading cause of pregnancy related death in Oregon, with the greatest occurrence in the first year postpartum.

The 2023 Oregon law, SB 1043, requires hospitals to provide naloxone at hospital discharge to anyone treated at the hospital with an opioid use disorder (OUD). This can be challenging to implement as medication dispensing from the inpatient setting may be outside of standard workflows. The goal of this toolkit is to support perinatal care teams to meet this state requirement and align with best practice in overdose prevention.

In 2025, the Oregon Perinatal Collaborative (OPC) adapted the expertly crafted Ohio Perinatal Quality Collaborative's (OPQC) Saving Postpartum Lives: A Naloxone Toolkit for Nurses, Obstetric Providers, and Pharmacists for the Oregon context. The adapted toolkit was reviewed by Oregonian experts in perinatal substance use disorder (SUD) and overdose prevention before it was published on the OPC website and used during a four-month quality improvement "sprint" by hospitals around the state.

The OPQC and OPC considered the following elements when creating this toolkit:

Patient Partner and Insight from People with Lived Experience

The original toolkit was developed by the OPQC with input from the EMPOWER Project members—a group of parents with lived experience of substance use. To ensure inclusivity for all patients, OPQC engaged postpartum patients with and without a history of SUD to test the process. They incorporated feedback from both groups with the goal of developing appropriate resources for all postpartum patients, not just those with SUD. The robust tools/recommendations of this project are included without edits as references in the appendix.

Collaborative Learning Among Teams

The OPQC toolkit was tested in postpartum units varying in size, acuity, and volume. By the end of the pilot, nurses shared they felt "very comfortable" discussing naloxone and offering naloxone access to postpartum patients. It took less than 5 minutes to cover the overdose prevention content included in routine discharge education along with pregnancy/postpartum warning signs.

ABOUT THIS TOOLKIT

System and Culture Change

This toolkit aims to foster systems and culture change in perinatal care by integrating naloxone education and distribution into routine hospital discharge processes. This approach helps normalize overdose prevention as an important component of perinatal care and emphasizes the importance and efficacy of naloxone in stopping overdose-related maternal deaths.

Note: The reader will note a few differences in the scope of the recommendations and we highlight these here for reference.

- Oregon law (since SB 1043) requires hospitals to **provide (not prescribe) naloxone** to patients with OUD at the time of discharge from any hospitalization (ED, inpatient, triage).
- As recommended by the OPC, this toolkit is designed to help perinatal care teams increase comfort talking about naloxone and ease implementation of naloxone distribution on discharge for perinatal patients with ***any SUD**** (excluding cannabis & alcohol), in line with best practice.
- To align with national measure specifications and ease data burden, **data collection** for associated OPC quality improvement projects focuses on naloxone distribution at discharge **with any SUD from the delivery/birth hospitalization only**.

We have chosen to use the generic medication name "naloxone" throughout this toolkit. Naloxone is also commonly referred to as **NARCAN®** and is available under other brand names, such as Kloxxado, RiVive, and Zimhi.

OPQC received funding from the Centers for Disease Control and Prevention (CDC) for their Saving Postpartum Lives Project, including the toolkit they designed for nurses, OB providers and pharmacists. The OPC received funding from the Health Services and Research Administration (HRSA), Department of Health and Human Services (HHS).

*AIM Definition and data plan

THE IMPORTANCE OF DISCUSSING NALOXONE WITH PERINATAL PATIENTS

Opioid overdose is the leading cause of accidental death in the United States. Pregnant and postpartum people who use drugs are at increased risk of death due to opioid overdose, with the majority of overdoses occurring in the first 12-months postpartum.

According to the 2025 Oregon Maternal Mortality and Morbidity Review Committee Report, of the 32 pregnancy-related deaths that occurred in Oregon between 2018 and 2021, 72 percent were determined to be preventable, and the underlying cause of death for nearly half were attributed to mental health conditions, including substance use disorder.

Oregon Senate Bill 1043 (ORS 441.052, enacted as OAR 333-505-0055, effective January 1, 2024) requires hospitals to provide two doses of naloxone to any patient with an opioid use disorder at the time of discharge from the hospital.

The advent of illicit fentanyl in the drug supply has dramatically increased the risk of overdose and other illicit drugs (e.g. methamphetamine) can be contaminated with fentanyl. **Naloxone is an easy to use and highly effective opioid overdose reversal medication.** Rapid administration of naloxone in the event of an overdose, including during pregnancy and postpartum, saves lives.

NALOXONE IS FOR EVERYONE!

Naloxone should be readily available to everyone, especially those at risk of opioid overdose, which includes people who use drugs, anyone with an opioid prescription, adolescents and children with access to parental medications, etc.

OPC recommends the following best practices for hospitals and perinatal care teams, in addition to complying with SB 1043:

1. Ensure *every* patient with *any* SUD, receives two doses of naloxone and education on overdose recognition and prevention at hospital discharge and in other perinatal care settings (e.g. prenatal clinic, triage, ED, etc.)
2. Ensure providers co-prescribe naloxone with every opioid prescription and educate patients on overdose prevention including safe storage of medication and how to use naloxone for overdose response.
3. Work to increase community knowledge and availability of naloxone by discussing naloxone and overdose prevention with all patients as part of a public health overdose recognition and prevention strategy.

DISCUSSING NALOXONE WITH PERINATAL PATIENTS

Words Matter: When we talk with our patients about naloxone and overdose prevention, or when talking about our patients to one another, it is very important to use non-stigmatizing and person-first language. It is also important to use correct medical terminology and training guided by the foundational principles of our professions: to respect the inherent dignity, worth, unique attributes and human rights of all patients.

Stigma: Stigma refers to a set of negative attitudes and beliefs where people are devalued or discriminated against based on characteristics or behaviors that are perceived as deviating from societal norms. Stigma, expressed as a negative stereotype and prejudice lead to social exclusion, reduced opportunities, and significant psychological distress for stigmatized individuals. In perinatal health, stigma is a primary driver of poor health outcomes for families impacted by substance use. Past research has shown that people who have experienced stigma within the healthcare setting are less likely to receive prenatal care and have a higher risk of treatment discontinuation, return to substance use, and overdose.

It is important for perinatal healthcare teams to understand the impact of stigma on people's experience of healthcare. Eliminating stigma can greatly improve perinatal health outcomes.

TYPES OF STIGMA

Individual/Internalized-Stigma: When people internalize the negative beliefs and stereotypes held by their community. Pregnant people with SUD or a substance use history, may feel guilt, shame and a sense of failure. They may fear being stigmatized in the future. These feelings can lead to a person avoiding healthcare, lead to delays in seeking healthcare, emotional distress and mental health challenges, and may reduce their confidence in their ability to parent.

Interpersonal/Enacted Stigma: The actual experiences of discrimination, prejudice, and unfair treatment that people face when they are associated with a stigmatized condition or identity, such as substance use. Enacted stigma leads to overt actions and behaviors from others that lead to exclusion, devaluation, or harm. Pregnant people with SUD report being treated negatively by healthcare providers - one example of enacted stigma

Organizational/Institutional: The way an institution's negative attitudes and beliefs impact the policies that are created which then impact the way someone with SUD is treated within the institution.

Reducing Stigma: Person-first language

Language can influence how we perceive an individual, reinforce stereotypes, affect how individuals see themselves, and influences behavior. When we use person-first language, we promote understanding, empathy, and respect and counter the stigma experienced by people with SUD.

Person-first language puts the person before their condition to reduce the likelihood of defining a person by their condition. Instead of saying "opioid addict," the person-first approach would be to say, "person with an OUD".

We have provided some examples of language below and throughout this toolkit that may help reduce stigma and help individuals reflect on their own beliefs that may perpetuate stigma. With practice, conversations about substance use and naloxone get easier.

Stigmatizing language	Instead, say...
Drug Addict	**Person with a substance use disorder**
Relapse	**Return to use/recurrence**
Dirty/clean	**Tested positive/negative for [add type of substance]**

Stigmatizing belief	Instead, consider...
She just wants attention	**She is asking for help**
Those moms have poor coping methods	**Those moms have survival skills that have helped them to get to where they are today**
She will never get over it	**Recovery is a process and takes time. She needs access to treatment**
They are weak	**They are stronger for having experienced trauma**

DISCUSSING NALOXONE WITH PERINATAL PATIENTS

Additional resource on stigma-free and person-first language can be found here: Stigma Addiction Language Guide

Lived Experience Videos: Oregonian parents in recovery share their experience with perinatal healthcare, and what helped or hindered their access to care.

It is important for perinatal healthcare teams to understand the impact of stigma on people's experience of healthcare. Eliminating stigma can greatly improve perinatal health outcomes.

Quotes from Oregonians with lived experience of substance use disorder during pregnancy/ postpartum:

"Where my road to recovery came from was my primary doctor. She just put it in my head, like "You can do this. I know you can do this." It was so motivational."

"The whole time I just felt just so small. And just so unheard. And just such a lack of compassion. It solidified what I already knew in my mind. That I was a useless drug addict who couldn't raise a child."

"A good connection from a health worker can make a world of difference in someone's life. If you don't feel human, you're not going to act human. And especially in addiction, you have so little human contact that is positive. That one appointment with positive human contact can make a world of difference."

Normalizing the Discussion about Naloxone

Normalizing the conversation about naloxone with patients in your clinical practice is important.

- Having open conversations about naloxone can increase the comfort level of patients and healthcare providers.
- Making conversations about naloxone the standard promotes increased community preparedness to respond to an overdose.
- Discussing naloxone, with an emphasis on health and safety, can help reduce stigma related to substance use.
- Conversations about naloxone can empower patients and communities to support people with substance use.

Normalizing the Discussion about Naloxone

Strategies

- Incorporate naloxone education into standard care
- Provide naloxone education to ALL patients
- Normalize naloxone as a life-saving intervention, similar to CPR
- Have resources readily available to patients with information about what naloxone is, how to obtain it, and how to use it
- Create or use existing posters/ materials that show patients that your clinic is a safe place to discuss naloxone
- Ensure all staff have received naloxone training

Use non-judgemental, stigma-free language

"Naloxone is a medication that can reverse the effects of an opioid overdose. It's a lifesaving tool that can be used by anyone."

"Having naloxone on hand doesn't mean you're doing anything wrong; it's about being prepared and ensuring safety for you and those around you."

It is important for providers to know how naloxone works, how to use it, and where to get it. For quick reference for each of these topics we have included a naloxone discussion guide, Oregon specific naloxone access guide, overview of the pharmacology of naloxone, naloxone FAQs, and table of training videos and resources developed by state and federal organizations.

Purpose of the discussion guide:

To provide healthcare professionals with conversation starters and example phrases to support patients to make informed decisions related to naloxone.

These recommendations below came from the EMPOWER Project members - people with lived experience of substance use in pregnancy in Ohio. They emphasize the importance of shared decision-making and "normalizing the conversation" about naloxone and recommend that healthcare professionals provide concise education on opioid overdose and naloxone to all patients, not just those with substance use disorder.

Talking Points

Provide Information about the Importance of Naloxone

You do not need to cover all of points below. Choose those that work best for you and your patient. Confirm that information is provided in easy-to-understand language and minimal medical language.

- Opioid overdose is a leading cause of death in the United States and *the* leading cause of maternal death in Oregon, along with other mental health conditions.

- Naloxone is a medication that stops an opioid overdose and could save someone's life. It's often called by the brand name Narcan®. Our practice (or hospital, department, etc.) wants all of our patients to know about naloxone, how to use it, and how to get it.

- When you carry naloxone, you are prepared to save someone's life.

- Naloxone is for everyone and can be lifesaving in many different situations. For example, if a child gets into a family member's opioid medication, they could have an overdose. Or if an adolescent is experimenting with drugs, they may not know what they are taking and could overdose. Having naloxone on hand will allow you or someone close by to respond quickly if an overdose occurs.

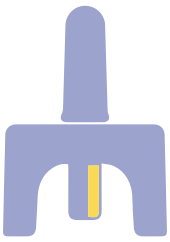
- Naloxone is an important medication to have in every first aid kit and home medicine cabinet. While we hope you never have to use it, it's like having a fire extinguisher or spare tire on hand. You never plan to get a flat, but if you or someone close to you does get a flat, you are happy to be prepared. It's the same with naloxone. No one plans to overdose, but you'd be happy to have naloxone if someone did.

- It is important to know how to recognize an opioid overdose. The person usually is nonresponsive or not breathing but they could also be breathing very slowly (< 10 breaths per minute), making gurgling sounds when breathing and or fingertips/lips are turning blue/ashen.

Providing Naloxone or Resources on How to Get Naloxone

Choose talking points that align with your hospital's resources and care practices.

- Nasal naloxone is available over-the-counter in Oregon. No prescription is required, but insurance may not pay for naloxone without a prescription.
- Any Oregon pharmacist can prescribe naloxone for you, which can be billed to your insurance.
- We are giving all our patients and healthcare providers this information on how to get naloxone in Oregon.
- We offer naloxone take home kits. The kit includes information on how to use it, store it, and get more if you misplace or use your kit, or for when it expires.



Ask the Patient Their Preferences and Respect Their Choice

"No problem. If you change your mind, you can get naloxone at the pharmacy with or without a prescription or talk to your healthcare provider.
I'd like to share this flier with you. It has information on how to get naloxone in Oregon if you or anyone you know is interested.
I'd also like to share with you what an opioid overdose might look like so you could call 911 if you recognize it."

Education Points to Cover with Patients

1. **Signs & Symptoms of opioid overdose**

A person experiencing an overdose may have the following symptoms:

a. Breathing is slow or shallow (less than one breath every 6 seconds) or not breathing at all
b. Lips and fingertips may be blue, grey or ashen
c. Unresponsive to verbal or physical stimulation
d. Pupils are constricted (small, pinpoint)
e. Sweaty, clammy skin
f. Gurgling, choking

The mnemonic BLUE can help you remember signs of opioid overdose

- **B**reathing - breathing is slow, shallow, gurgling erratic or not breathing
- **L**ips - lips and fingertips change color or turn blue, grey or ashen
- **U**nresponsive - the person who has overdosed will not respond if you speak to them or tap their foot to try and wake them
- **E**yes - the black center of the eye (pupils) are very small

2. **How to respond to opioid overdose**

How to give naloxone

a. Check to see if the person can respond
   i. Shake the person or call their name
   ii. Rub your knuckles hard in the middle of their chest (sternal rub)
   iii. Tap or kick the bottom of their foot while asking if they are okay
b. Call 911: Give the address and location
   i. If you don't want to mention drugs, say, "Someone has stopped breathing and is unresponsive"
   ii. Oregon has a Good Samaritan law to legally protect those who respond to an overdose including from outstanding warrants.
c. Help the person breathe, if you are comfortable/able
   i. Place the person on their back, head tilted back and chin up
   ii. Make sure there is nothing in their mouth and pinch their nose closed
   iii. Breathe two slow breaths into their lungs, making sure their chest rises
d. Give naloxone
   i. Follow the instructions for naloxone
   ii. It is important that you press down quickly and firmly on the plunger to ensure naloxone is delivered appropriately. Absorption of naloxone occurs when it is delivered as a mist.
   iii. If the person does not respond in two to five minutes, give another dose

steps cont. next page

e. Stay until help arrives
    i. Continue rescue breaths, one breath every five seconds (if you are comfortable giving breaths and able to)
    ii. If the person is breathing on their own, put them in the recovery position and tilt their head back to keep their airway clear
    iii. Inform the person that you administered naloxone when they become responsive
f. Seek emotional support for yourself
    i. Responding to an overdose can be traumatic. You may need support to process your experience.
    ii. One option for support would be through the David Romprey Oregon Warm Line (https://ccswebsite.org/warmline/)

3. **Procedures for assembling & administering naloxone**

a. View the educational videos to learn more about naloxone and how to prepare for an opioid emergency https://narcan.com/en/resources

4. **Risk factors for opioid overdose**

a. Any misuse of prescribed opioid medication or illicit opioids
b. Using opioids in combination with other drugs such as benzodiazepines (Xanax® or Valium®) or alcohol increase the risk of overdose. Like opioids, these drugs affect your ability to breathe
c. Using street drugs such as methamphetamine and cocaine; as these can be contaminated with fentanyl
d. Certain health conditions can increase a person's risk of overdose. Examples include asthma, liver or kidney disease, heart disease, or HIV/AIDS
e. People who have never used opioids or have a reduced tolerance as a result of not having used opioids recently
f. Having overdosed in the past
g. Recent hospitalization, illness, or release from incarceration

Education Points to Cover with Patients

5. **Strategies to prevent opioid overdose**

   a. Never use alone https://neverusealone.com/
   b. Make sure the people around you know where naloxone is kept and how to use it
   c. Always have naloxone on hand and readily available when using opioids
   d. If you are taking prescription opioids for a medical condition, be sure to review the potential interactions with other medication or substances and confirm the prescribed dosage... and keep naloxone on hand
   e. If you are using illicit opioids, consult a trusted source such as a harm reduction provider, practitioner, or pharmacist for overdose prevention and safer use practices
   f. Medication for opioid use disorder can protect you from overdose
   g. In Oregon, anyone can legally carry and administer naloxone
   h. People who are dependent on opioids may go into withdrawal when given naloxone; withdrawal is unpleasant but is not life-threatening

6. **Naloxone Facts**

   a. Naloxone is a medication that can block the effects of opioids and reverse an overdose
   b. Naloxone is very safe and cannot be misused
   c. If you give naloxone to someone who is not experiencing an opioid overdose, it will not harm them
   d. Naloxone is safe to use during pregnancy and breastfeeding

7. **Proper storage of naloxone & expiration date of the medication**

   a. Naloxone should be stored at room temperature and away from light
   b. Naloxone can freeze at low temperatures; if this happens, the medication may not work as intended
   c. Expiration dates are located on the top of a box and also on the plastic cover of the kit
   d. More information: https://cocaberks.org/narcan-expiration-campaign/

8. **How to get more naloxone**

   a. Refer to and/or print the Naloxone Access Guide (page 22)

Opioid Overdose + Pregnancy

Naloxone can save the life of a person having an opioid overdose – including pregnant people and their babies. You use naloxone for a pregnant person the same way you would for anyone else.

Video: How to give naloxone

If you think someone is having an overdose, use naloxone right away

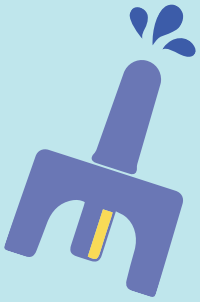
1. **Signs of opioid overdose**

Breathing	**Breathing is slow, shallow, gurgling, erratic or not breathing**
Lips	**Lips and fingertips change color or turn blue, grey or ashen**
Unresponsive	**Will not respond if you speak to them or tap their foot to try and wake them**
Eyes	**The black center of the eye (pupils) are very small**

1. **Call 911 –**
   a. Tell them you are with a pregnant person who is not breathing and you need help
   b. Oregon's Good Samaritan law to legally protect those who respond to an overdose, even if there are drugs at the scene or there are outstanding warrants

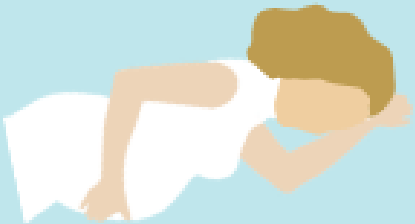
3. **Help the person breathe, if you are comfortable/able**
   a. Place the person on their back, head tilted back and chin up
   b. Make sure there is nothing in their mouth and pinch their nose closed
   c. Breathe two slow breaths into their lungs, making sure their chest rises

4. **Give naloxone**
   a. Remove naloxone from the package
   b. Hold the nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle
   c. Put the tip of the nozzle in 1 nostril
   d. Press **firmly and quickly** to give the entire dose
   e. Repeat in two minutes with a second dose, if no response



Detailed instructions on using naloxone for a drug overdose

5. **Stay with the person until help arrives**
   a. Roll the person on their left side. Bend their top knee. Put their arm under their head for support
   b. Tell the person that you gave them naloxone when they become responsive



Naloxone Access Guide

Save Lives Oregon partners with organizations to improve the health of people who use drugs, including through distribution of state-funded naloxone and other supplies free of charge to organizations that meet eligibility criteria. Naloxone can also be ordered online with or without a prescription from many online vendors.

Online & By Mail

Anyone can request naloxone through the Alano Club's Project Red website. Click the "Request Naloxone" button, place an order, and receive free naloxone by mail.

A healthcare provider can send a prescription to a mail-order pharmacy, and the pharmacy will mail it to you.

People in Jackson, Josephine, and Klamath county can order naloxone by mail directly from Max's Mission | Naloxone Training & Distribution.

Pharmacies with or without a prescription

Naloxone is available through pharmacies in Oregon. A prescription can be obtained directly from a pharmacist or from another healthcare provider. Naloxone is covered by most insurance with a prescription, at the cost of a co-pay. The Oregon Health Plan/ Medicaid provides naloxone for free to its members. It is available in most, if not all pharmacies, and costs ~$45 without a prescription.

Vending Machines

Naloxone Vending Machines, like food or beverage vending machines, are an evidence-based public health strategy to increase access naloxone. Naloxone vending machines are legal and can be placed in hospitals, schools, libraries, and other public or private establishments. Here is one example of naloxone vending machine use by a Oregon police department: Clackamas County Sherriff's Office Adds New Vending Machines with Lifesaving Medication.

Over-the-Counter

Naloxone is now available in stores across Oregon without a prescription.

The FDA approved nasal naloxone over-the-counter medication in 2023. It is available in most, if not all stores that carry over-the-counter medications, and costs ~$45 without a prescription.

Clinical Pharmacology of Naloxone

Below is a high-level overview of the pharmacology of naloxone:

Mechanism of Action:

Opioid Antagonist

→

Effect:

Competes and displaces opioids at receptor sites

Onset of action:

3 to 13 minutes

Duration:

30-120 minutes, may need to repeat dose

Time to peak:

19 to 30 minutes

Naloxone hydrochloride prevents or reverses the effects of opioids, including respiratory depression, sedation and hypotension.

When administered in usual doses and in the absence of opioids, it exhibits essentially no pharmacological activity.

In a person with opioid dependence, opioid withdrawal symptoms may appear within minutes of naloxone administration and subside in about 2 hours.

Higher doses or frequent administration may be needed to reverse overdoses when particularly potent opioids (e.g., fentanyl or carfentanyl) have been consumed. Education on proper administration is important as naloxone that is not administered as a mist, will not be absorbed and will not reverse an overdose.

Naloxone will not reverse respiratory depression or sedation from other substances besides opioids (benzodiazepines) but should always be given as contamination of drug supply is possible.

Indications for Use: Naloxone is indicated for the complete or partial reversal of opioid depression, including respiratory depression, induced by natural and synthetic opioids.

Clinical Pharmacology of Naloxone

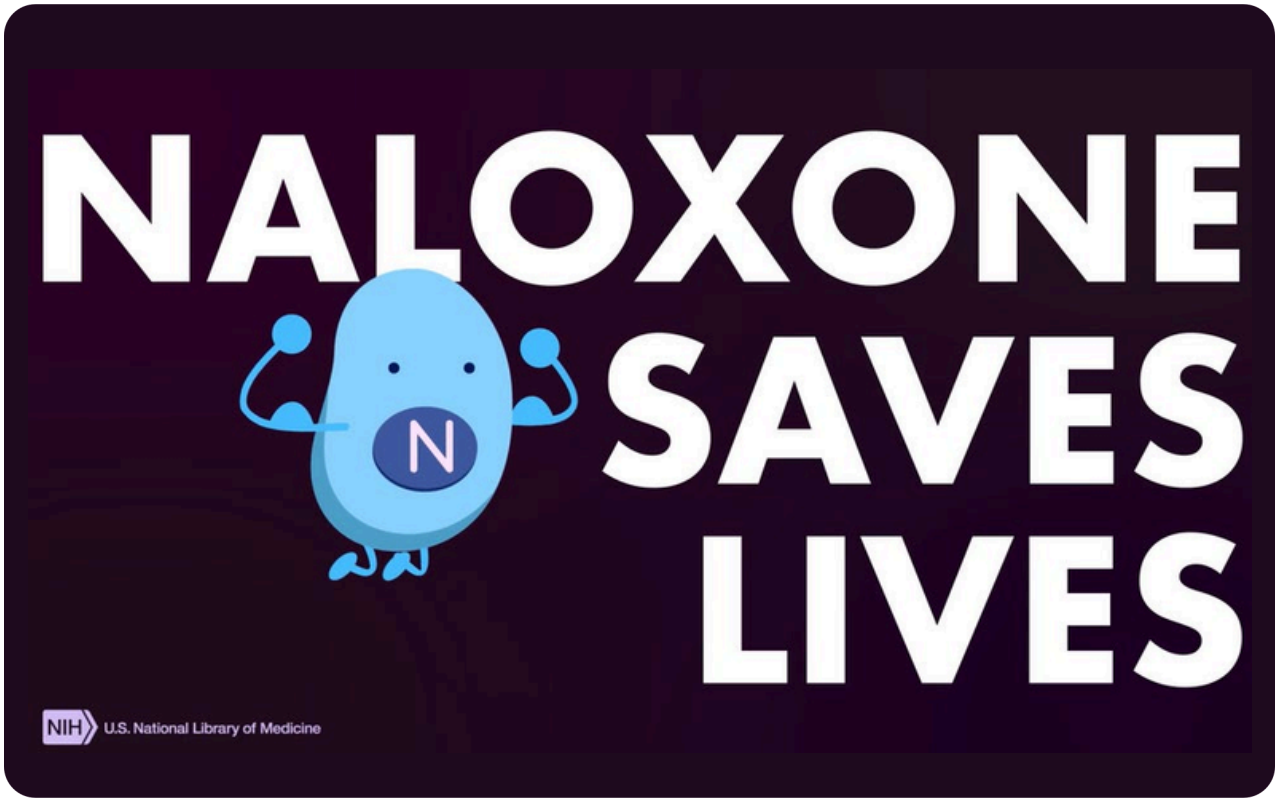
What to expect after administering naloxone

- People with physical dependence on opioids will likely have withdrawal symptoms within minutes after they are given naloxone.
- Withdrawal symptoms might include agitation, headaches, changes in blood pressure, rapid heart rate, sweating, nausea, vomiting, and tremors.
- While this is uncomfortable, it is usually not life threatening. **The risk of death for someone overdosing on opioids is worse than the risk of withdrawal.**
- People who are given naloxone should not be left alone, but rather observed constantly, until emergency care arrives. They should be monitored for 2 hours after the last dose of naloxone is given to make sure breathing does not slow or stop.
- https://nida.nih.gov/publications/drugfacts/Naloxone

Video Resource: How Naloxone Saves Lives in Opioid Overdose

Using nasal naloxone to reverse opioid overdose

Multnomah County Overdose Prevention Website



TOOLKIT IMPLEMENTATION CHECKLIST

What follows is a checklist for teams to use as they move through the naloxone dispensing QI process

Date/ Initials	Action Item
	Review this toolkit in full and share the educational portions with your local team
	Obtain approval/buy in from senior leadership to provide (dispense) naloxone at discharge for patients at risk of overdose
	Determine if a process is already in place to provide naloxone in other areas of the hospital (e.g. ER and/or other inpatient units) and what is feasible in your EMR and unit workflows • Who orders? • Who dispenses?
	Develop a process to identify patients who should receive naloxone and collect baseline data (while working through pre-implementation steps below) - see data section
	Confirm any documents/tools that will require approval from internal governing bodies (e.g. policies, orders) and begin to map out process & timeline
	Determine how the hospital will procure naloxone for distribution. *Note: Many hospitals get their free naloxone for distribution through their county harm reduction services*
	Develop a process to place the order • Who places the order? • Do you need to develop an RN or pharmacist-driven protocol? • Is naloxone take home pack a standalone order and/or is it included in the standard OB admission/discharge order set? • Is the order pre-checked or added after a BPA displays?

TOOLKIT IMPLEMENTATION CHECKLIST

Date/ Initials	Action Item
	Develop a process to dispense • Connect with your hospital pharmacy to explore whether a "meds-to-bed" process is best option for naloxone distribution. • Consider off hours workflow for naloxone distribution to occur outside of standard meds- to bed hours. Such as dispensing via automatic drug dispensing machines or through ED take home processes. • Nursing driven process is most likely to be successful at all hours versus pharmacy (using an automatic medication dispensing machine)
	Develop a process for patient education. • Have staff responsible for naloxone education review naloxone administration video, and material in this toolkit specifically pages 6-17 • Are handouts included in the AVS or on paper? • Who is providing the education (best practices to provide with postpartum discharge education)? • Consider showing educational video and QR code/link to video
	Connect with Information Services (IS) and/or Information Technology (IT) partner(s) to determine scope necessary EMR changes. Those included below have been used successfully at other facilities. • Add a Best Practice Alert (BPA) to help identify appropriate patients, if not already in place (see sample BPA here) • Build an order for naloxone take home packs, if not already in place (see sample policy here) • Ensure EMR data fulfills required information documentation (NDC, expiration date, and manufacturer) • Add After Visit Summary (AVS) education on use of naloxone automatically when naloxone is ordered and/ or as part of the routine postpartum warning signs AVS (see sample AVS here and printable patient education here) - move to above distribution requirements

TOOLKIT IMPLEMENTATION CHECKLIST

Date/ Initials	Action Item
	Clarify naloxone distribution documentation requirements • Intranasal naloxone labeling requirements have been waived by the Oregon Board of Pharmacy (OAR 855-115-0350) Pharmacy record keeping process is needed. Barcode scanning can meet this requirement • Establish standard process to document for each patient when postpartum education and naloxone distribution is complete
	Confirm an internal process for billing and reimbursement – See Naloxone FAQs
	Have representatives from nursing team who will be responsible for education review the toolkit in detail, with specific attention to education components. Pages 5 - 16 and 23 - 24 cover clinician education Pages 17 & 18 contain materials to print out and share with patients/ families.
	Confirm best approach for patient/family education at your site (pages 17 & 18) • Print out materials to share with patient/family • Include education in After Visit Summary (AVS) along with routine postpartum warning signs? • What support do staff need to get comfortable with this new education? • Teams may consider printing QR code to label all naloxone dispensed that links to pertinent educational materials How to give naloxone
	Confirm the best approach for staff education at your site • Confirm who will receive education (nurses, providers, etc.) • Determine the best format(s) to deliver (staff meeting, practice alert, learning platform, etc.) • Confirm resources/ information you need to finalize

TOOLKIT IMPLEMENTATION CHECKLIST

Date/ Initials	Action Item
	Identify who your internal experts are on addiction and community resources (social work, care management, link to peer support services) if patients are interested in treatment or other services beyond naloxone
	Finalize request for IS/IT builds for BPA, orders, and education inclusion in AVS, according to your plan above
	Write up all workflows and test through a Plan-Do-Study-Act (PDSA) process
	Make process changes/improvements as necessary
	Collect post-implementation data and address issues identified, as needed

Naloxone Frequently Asked Questions

What is Naloxone?

Naloxone is a medication designed to rapidly reverse opioid overdose. It binds to opioid receptors in the brain, blocking the effects of opioids and restoring normal respiration in individuals whose breathing has slowed or stopped due to overdosing with illicit or prescription opioid medications.

How do I give naloxone?

Instructional video: How to give naloxone

Can naloxone be used on pregnant women and women who are breastfeeding?

Yes, naloxone can be used on anyone. Opioid overdose during pregnancy can be life-threatening for both the mother and the unborn baby. Naloxone can reverse the effects of an opioid overdose, which can help save the life of the pregnant woman and the baby.

Will people think I am using drugs if I have naloxone?

Having naloxone does not mean that you are using drugs. Naloxone is a critical tool in reversing opioid overdoses and saving lives. Many people carry naloxone to be prepared to help in case of an emergency. Carrying naloxone shows that you are prepared to act in an emergency and potentially save a life.

Can naloxone hurt someone if they are not having an overdose?

No, naloxone cannot hurt someone if they are not experiencing an opioid overdose. If administered to someone who has not taken opioids, it will not have any effect. Naloxone is safe and only works if opioids are present in the person's system.

Is it legal to have naloxone?

Yes, it is legal to have naloxone. In many places, including Oregon, laws have been enacted to make naloxone widely available to the public. You do not need a prescription to obtain naloxone in Oregon, and it can be purchased at many pharmacies.

How can hospitals procure naloxone to distribute to patients?

Hospitals typically have existing bulk purchasing processes in place for supplies and medications. Naloxone should be available to order in bulk through an existing hospital bulk purchasing mechanism. The state of Oregon also contracts with MMCAP. State programs like Save Lives Oregon have MMCAP accounts which allow them to procure naloxone and other harm reduction supplies at low prices. Hospitals may also be able to set up accounts with MMCAP. To set up MMCAP purchasing and negotiated low pricing, contact Kim Hankins kim.hankins@state.mn.us.

Naloxone Frequently Asked Questions

What is Oregon's Good Samaritan Law regarding naloxone?

Oregon's Good Samaritan Law provides legal protection to individuals who seek emergency medical help during an overdose situation. If you call 911 to report an overdose and stay with the person until help arrives, you are protected from arrest and prosecution for minor drug possession offenses. This law encourages people to call for help without fear of legal consequences.

Who can prescribe naloxone?

Naloxone can be prescribed by any licensed healthcare provider with current prescriptive authority, including pharmacists.

Can individuals order naloxone and get it by mail?

Naloxone in Oregon is available "over the counter" and with a prescription. There are a few ways to get naloxone sent to you by mail:

1. A provider can send a prescription to a mail-order pharmacy, and the pharmacy will mail it to you.
2. Anyone can go to the Alano Club's Project Red website and click the "Request Naloxone" button, place an order, and receive free naloxone by mail.
3. If you can pay out of pocket, you can be order naloxone through Amazon for approximately $30.

How should I store naloxone?

Naloxone should be stored at room temperature, away from light and moisture. It should not be frozen or exposed to excessive heat. Make sure to keep it in its original packaging until ready for use. Check the expiration date regularly, and replace it if it has expired

Are there any side effects of naloxone?

Naloxone can cause withdrawal symptoms in individuals who are dependent on opioids. These symptoms may include nausea, vomiting, sweating, rapid heartbeat, and agitation. However, these side effects are generally not life-threatening and are a sign that the medication is working.

Why does this toolkit encourage broader naloxone distribution to perinatal patients with any SUD rather than only OUD as required by SB 1043?

This toolkit is designed to help perinatal care teams increase comfort talking about naloxone and to ease implementation of naloxone distribution on discharge from the hospital for perinatal patients with ***any SUD***, in line with best practice that acknowledges supply contamination.

Naloxone Frequently Asked Questions

SB 1043 Questions

Please see OHA SB 1043 Fact Sheet for a comprehensive list of implementation questions.

Is it okay to give a patient a written prescription rather than giving the patient the actual medication?

No. Oregon Law SB 1043's intent is to ensure that opioid reversal medication is placed into the hands of patients at most risk of overdose. In addition to providing naloxone to the patient on discharge, you can also provide the patient with a prescription that could be filled at a pharmacy, as needed.

The naloxone box says it has two doses. Do I need to give the patient one box or two?

Just one. Each box of naloxone has two doses.

I offered my patient naloxone after being treated at the hospital for OUD and the patient didn't want it. Will the hospital be violating the rule if we don't provide them the doses?

No, a patient still has autonomy to make decisions about their care and whether or not to accept treatments or medication.

Is it legal to dispense naloxone to patients in clinics and/or other healthcare settings outside the hospital?

Yes. While Oregon law requires that you give two doses of naloxone to patients with opioid use disorder at hospital discharge, it is also legal to dispense naloxone to patients in clinic and/or other healthcare settings outside the hospital.

Naloxone Frequently Asked Questions

Pharmacy and Billing FAQs

Can hospitals bill for naloxone?

Yes, hospitals can bill for naloxone using their regular and customary methods for billing as they would with any medication for patients being discharged.
Facilities that are eligible for the 340B pharmacy program are encouraged to explore that option to provide the required naloxone to clients. Information on the 340B Drug Pricing program can be found at: https://www.hrsa.gov/opa.
Effective January 1, 2024, Medicaid codes opened for reimbursement for naloxone dispensing. G1028 is the most common code available for reimbursement for two doses of naloxone. Please check with your billing department for additional codes that may be applicable for your individual setting. OHA's Medicaid department also can provide additional guidance as needed.

Why might a "buy and bill" strategy be useful for naloxone?

Buy and bill is a process where clinics/ hospitals/ pharmacies order and purchase medication to dispense to patients, then bill the third-party payors (insurance) for reimbursement.

What are the labeling requirements for naloxone?

Intranasal naloxone is exempt from labeling requirements per ORS 855-115-0350. Intramuscular naloxone is still required to be labeled per Board of Pharmacy requirements.

What are the pharmacy record keeping requirements for dispensing naloxone?

A unique dispensing records should be maintained, kept for a minimum of three years and should contain: name of patient, dose, dosage form, quantity, name of manufacturer, date of dispensing, directions for use, name of ordering provider. This information is often captured through routine MAR barcode scanning.

Appendix

- OPQC Empower One Pager
- OPQC Breastfeeding One Pager
- OPQC Narcan One Pager
- OPQC Postpartum One Pager
- OPQC Disparities One Pager
- Perinatal Harm Reduction Toolkit
- Oregon Pregnancy and Opioids Workgroup Recommendations (coming soon!)
- Templates for use by local teams
  - Sample Policy/ procedure
  - Sample Best Practice Alert (BPA)
  - Sample naloxone patient education/AVS
  - Printable patient education one pager
  - Sample Clinical Practice Change Alert
  - Code tables to identify patients who should have received naloxone