

Adherence to SB5195 Naloxone Distribution Requirements at Discharge from the Emergency Department

Stewart, E. LSWAIC, Delfeld, J. LICSW, ACM-SW, McKay, J., LICSW, Corhei, J. MSN, RN, CPEN, CEN, and Elliott, K, FNP-BC, RN, MBA

Background

- From 2007-2021, there were 17,502 fatal overdoses (OD) in WA State.
- In 2019 there were 852 fatal overdoses (OD) increasing by over 35% in both 2020 and 2021.
- In 2022 SB5195 required requires EDs to dispense opioid OD reversal agents to persons with opioid OD, OUD, or other adverse event related to opioid use.
- Allowing ED RNs to issue Nurse-Initiated Orders (NIO) for naloxone pre-pack kits at discharge could reduce mortality.

Purpose

- Assess compliance with naloxone distribution criteria under SB5195
- Identify response to Best Practice Alerts (BPA) for NIO naloxone pack distribution.

Methods

- Retrospective analysis of 12,264 BPA alerts for naloxone (1/1/22 - 1/1/24) at a Level IV trauma center outside Seattle.
- Evaluated adherence to naloxone distribution criteria and identifying reasons for non-compliance.

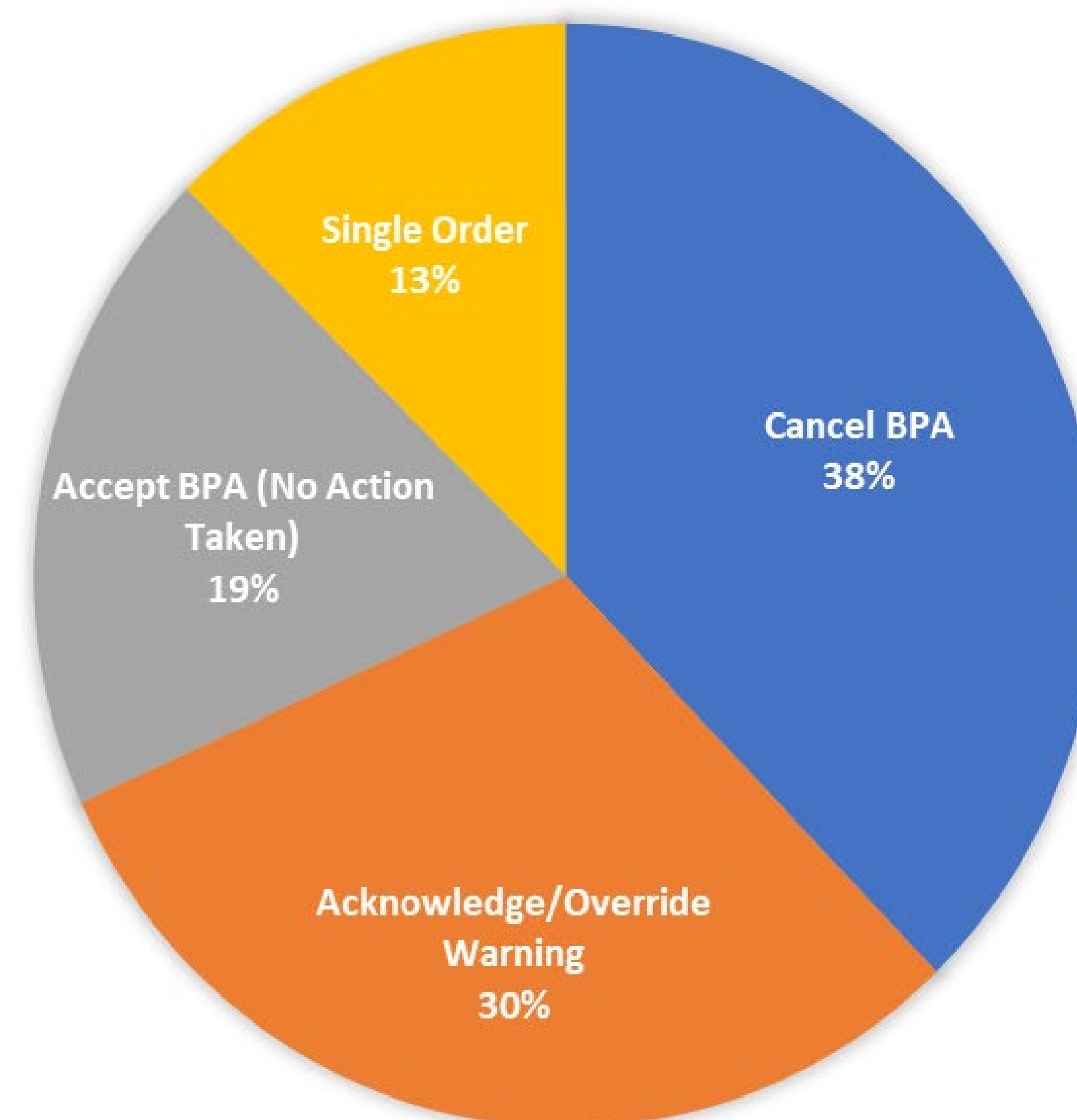
Results

- 12,264 BPA alerts:
- 3,958 canceled
- 3,199 overridden
- 2,003 accepted w/o action
- 1,780 had unknown outcomes.
- 1,324 resulted in actual naloxone orders being placed causing an adherence rate of 10.795%.

Discussion

- Assess compliance with naloxone distribution criteria reducing opioid OD mortality.
- Findings indicate a low adherence rate (10.795%) of criteria, highlighting significant gaps in mitigating opioid OD risks.

FREQUENCY OF FOLLOW-UP BPA ACTIONS



N = 12,264

Implications for Practice

- Understanding the reasons for overriding BPA alerts is essential for developing effective protocols.
- Adoption of NIOs could address distribution inconsistency.

Acknowledgments

Allison Mosier