

Is this Rx ≥ 50 MME?

Example prescriptions
equal to 60 MME/day

Hydrocodone/APAP 10/325 mg
1 po q 4-6 h PRN

Fentanyl patch 25 mcg/hr
1 q 72 h

Oxycodone ER 20 mg
1 po BID

Hydromorphone 4 mg
1 po q 6 h

(Note: Rx is 64 MME/day)

Do not use examples for opioid conversion.

For more tools, including the CDC's
conversion table and mobile app, visit:

[www.cdc.gov/drugoverdose/
prescribing/resources.html](http://www.cdc.gov/drugoverdose/prescribing/resources.html)



Who Needs Naloxone?




FDA recommends discussing
naloxone with *all patients* who
are prescribed opioids

CDC Recommendations

- ≥ 50 MME/day
- Opioid + benzodiazepine
- History of opioid overdose
- Substance use disorder
- Decreased tolerance
(e.g., therapy gap, taper,
incarceration)
- Other high-risk factors:
 - ≥ 65 years old
 - Sleep-disordered breathing
 - Mental health condition
 - Renal or hepatic insufficiency

Naloxone Prescribing Patient Education Checklist

- How to identify an overdose**
 - Shallow or no breathing
 - Unable to wake or unresponsive to sternal rub
 - Pale, clammy skin
 - Blue/gray lips or nails
- How to respond to an overdose**
 - Stay calm and call 911
 - Give first naloxone dose
 - Provide rescue breaths if possible
 - Give second naloxone dose if no response in 2 to 3 minutes
 - Monitor for recurrence of overdose after naloxone wears off
- How to administer naloxone**
 - Do not prime or test dosing device
- Potential for opioid withdrawal after naloxone administration**
- Importance of educating family and caregivers about overdose and naloxone**



Name: Patient or Caregiver DOB: 12/1/82

Address: _____ Date: 8/29/20

Intranasal Naloxone 4 mg
#1 pack

**Call 911 and administer
1 device IN as directed PRN
suspected opioid overdose;
repeat q 2-3 min PRN**

Refill NR 1 2 3 4 5

Saves A. Life, MD