## 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



## 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

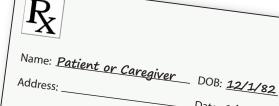
Monitor for recurrence of overdose

after naloxone wears off

Do not prime or test dosing device

☑ Potential for opioid withdrawal after naloxone administration

✓ Importance of educating family and caregivers about overdose and naloxone



Intranasal Naloxone 4 mg

#1 pack

Call 911 and administer 1 device IN as directed PRN

suspected opioid overdose; repeat 9 2-3 min PRN

Refill NR O 2 3 4 5

Saves A. Life, MD