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58. Use of naloxone upon discharge

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Background: As the opioid crises continues, there has been a movement to make naloxone directly available to those using opioids, rather than exclusively first responders. This study attempted evaluate the variation in dispensing/prescribing naloxone among patients admitted to the hospital and then discharged, vs. those discharged from the emergency department (ED). In addition, this study examined the relationship between medical toxicology consultations and the rate of naloxone prescribing.

Methods: The Toxicology Investigators Consortium (ToxIC) Fentalog Study is a regionally diverse multi-center toxico-epidemiology study which consists of patients presenting to 10 participating EDs with suspected acute opioid toxicity from 9/21/2020 to 5/1/2023. In addition to chart review of medical records, waste serum, drawn as part of routine clinical care, is collected and analyzed using liquid chromatography quadrupole time-off light mass spectrometry for the presence of over 1,000 novel psychoactive substances, drugs of abuse, and therapeutics. A central IRB approved this study with waiver of consent. Naloxone prescribing was defined as either dispensed or prescribed. Patients were excluded if their disposition (admission vs. ED discharge) was not recorded, the presence/absence of a toxicology consult was not recorded, or if the patient died. Odds ratios and 95% confidence intervals were calculated to determine factors associated with rates of naloxone prescribing.

Results: Out of 1319 eligible study patients, 94 were excluded (14 deaths 80 incomplete data) leaving 1225 patients analyzed. Toxicology consultations were obtained on 149 (12.2%). Naloxone was prescribed to 109 (73%) of those with toxicology consultation, compared with 405/1076 (37.6%) of those without (OR 0.22; 95% CI 0.151–0.32; P . < 0.0001). A total of 476 patients were admitted, and 749 were discharged directly from the ED. Among the admitted patients, 218 (45.7%) received naloxone upon discharge, whereas 296 (39.5%) of patients discharged directly from the ED received naloxone (OR 0.77; 95% CI 0.81–0.99; P . 0.03)

Conclusion: In this multicenter study of ED patients with confirmed opioid overdose, patients admitted to the hospital were slightly more likely to receive naloxone upon discharge than those discharged directly from the ED, but the rates were low in both groups. Patients were much more likely to receive naloxone upon discharge if a toxicologist was directly involved in their care. Future study is warranted to improve strategies for naloxone prescribing in this patient population.