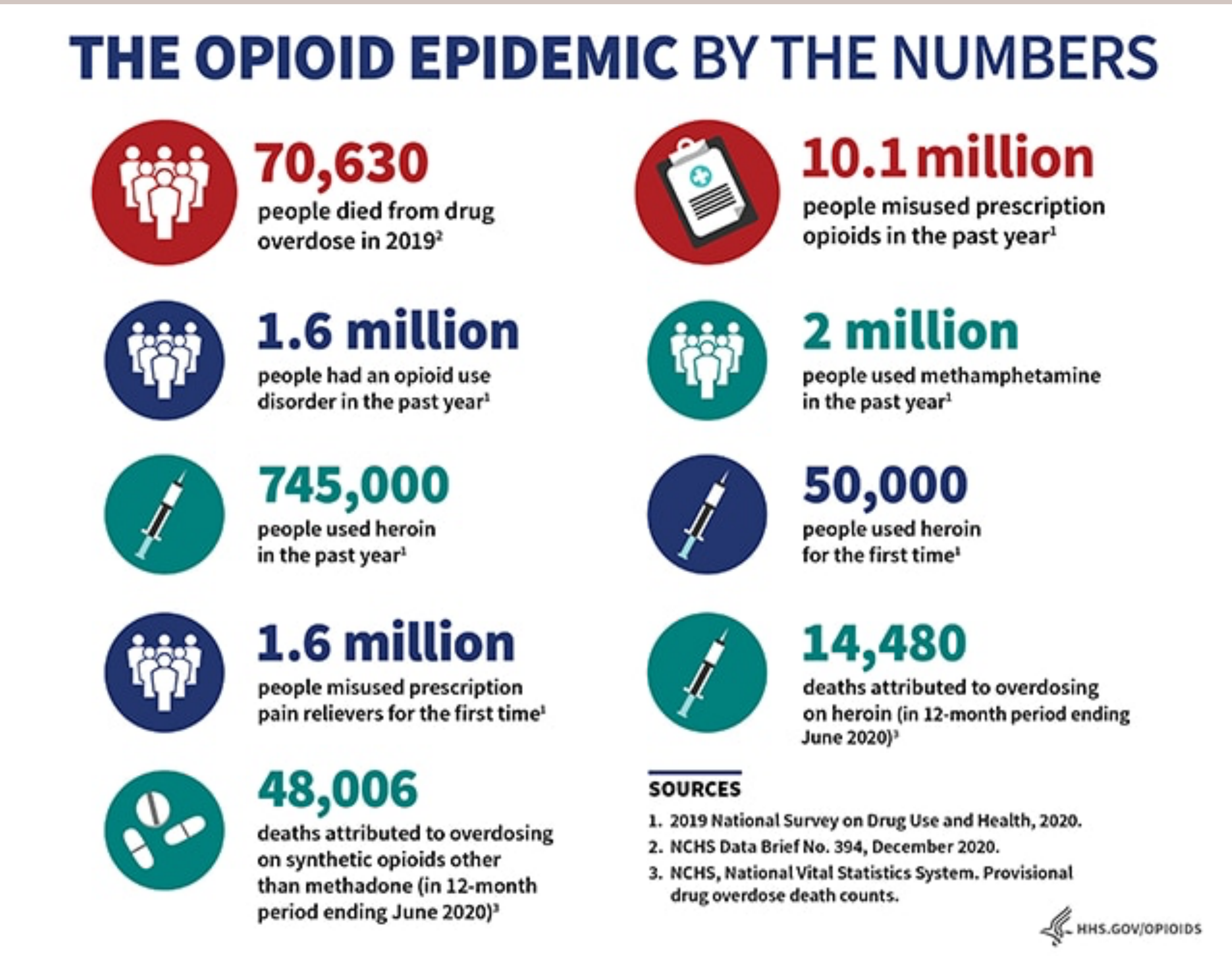


Introduction



Objectives

- Develop a clinical protocol for the management of opioid overdose.
- Provide staff training to educate about the new opioid overdose management protocol.
- Evaluate the confidence level of the staff in applying the management of an opioid overdose protocol.
- Develop and introduce a policy for the drug rehab to implement the clinical protocol.

Clinical Question

- For medical and non-medical staff in a substance abuse rehabilitation inpatient treatment facility, does the implementation of an evidence-based protocol for management of an opioid overdose and staff education improve their confidence in treating a patient with opioid overdose?

Methodology

Study Design

- Quality improvement approach with a one-group posttest-only design

Setting

- Inpatient drug and alcohol detox and short-term residential treatment facility in the suburban community of South Amboy, New Jersey

Sample

- Thirty-two (32) participants (nurses, residential aides, counselor, and administrators).
- Convenience sample of employees at the rehab facility.

Study Procedure

- Developed and implemented an opioid overdose protocol.
- Distributed flyers for staff training.
- Provided staff training on treatment of an opioid overdose.
- Obtained inform consent and job title.
- Distributed questionnaires post training.

Analysis

- Descriptive statistics and nonparametric statistics (Mann Whitney-U) using SPSS.
- Descriptive analyses were reported as frequencies and percentages.

Results

| Frequency & Percentage of Variables | | |
|--|-----------|------------|
| Demographical Variable | Frequency | Percentage |
| Job Title | | |
| Nurse | 13 | 40.6 |
| Residential Aide | 10 | 31.3 |
| Counselor | 6 | 18.8 |
| Administration | 3 | 9.4 |
| Q1 I am able to identify the signs of an opioid overdose. | | |
| Strongly disagree | 0 | 0 |
| Disagree | 0 | 0 |
| Neutral | 1 | 3.1 |
| Agree | 10 | 31.3 |
| Strongly agree | 21 | 65.6 |
| Q2 I am able to follow the steps of the opioid overdose treatment protocol | | |
| Strongly disagree | 0 | 0 |
| Disagree | 0 | 0 |
| Neutral | 0 | 0 |
| Agree | 9 | 28.1 |
| Strongly agree | 23 | 71.9 |
| Q3 I am able to properly administer naloxone intranasally | | |
| Strongly disagree | 0 | 0 |
| Disagree | 0 | 0 |
| Neutral | 2 | 6.3 |
| Agree | 9 | 28.1 |
| Strongly agree | 21 | 65.6 |
| Q4 I am able to identify when to give a repeat dose of naloxone | | |
| Strongly disagree | 0 | 0 |
| Disagree | 0 | 0 |
| Neutral | 4 | 12.5 |
| Agree | 7 | 21.9 |
| Strongly agree | 21 | 65.6 |
| Q5 Overall, I am able to handle an opioid overdose situation | | |
| Strongly disagree | 0 | 0 |
| Disagree | 0 | 0 |
| Neutral | 0 | 0 |
| Agree | 9 | 28.1 |
| Strongly agree | 22 | 68.8 |
| Note: n=32, One Missing Value for Q5 | | |

- Staff reported above average scores in their confidence in handling an opioid overdose after the training.
- No one reported disagree or strongly disagree in their level of confidence.
- Using Man Whitney-U nonparametric test, no statistical significance in scores between the medical and non-medical staff were found, except with Q4 (p=0.047).

Discussion

Clinical Practice

- Nurses are frontline and advocates for their patients
- Improve prescribing practice of provides to reduce the risk of patients developing opioid use disorders

Impact on Healthcare/Safety

- Improve the staff confidence in handling an opioid overdose.
- Reduce error
- Subsequently, reduce the mortality rate from an opioid overdose.

Economic/Cost Benefits

- Prevents excessive hospital costs to treat the detrimental effects of an opioid overdose.
- Costs on average, \$11,700 in the U.S. per day for hospital stay (Freeman et al., 2018)
- Prevents malpractice lawsuits.

Education

- Higher education should include substance abuse and naloxone training as part of the curriculum for nurses..

Policy Implications

- Introduce a policy for all new employees to complete the training and for all current staff members to complete a yearly opioid overdose treatment training session.
- Naloxone training should be made into a universal policy such as that of CPR to reach a greater amount of people

Conclusion

- Opioid overdose epidemic has taken many lives.
- Staff without a medical license are capable of managing a drug overdose.
- It is important that staff members able to manage an opioid overdose and administer naloxone appropriately before EMS arrival.
- Naloxone training should be taken as serious as CPR training to reach more people.
- Further research is needed to conduct chart reviews to analyze how the protocol was used practically.

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