

TIME

Patient acutely resuscitated after opioid overdose

0 min.

Assessment following resuscitation:

1. Comprehensive history and physical exam (Box 1)
2. Consider further diagnostics (Box 2)
3. Observe patient on pulse oximetry and telemetry monitoring

60 min.

Reassess- is there recurrent respiratory depression with RR<12?

Yes

Begin naloxone infusion (Box 3) or re-bolus at previously effective dose

Admit to Inpatient

No

If patient desires cessation of opiate abuse, have them call **1-(513)-281-7880** to facilitate linkage to care (Box 4)

120 min.

Reassess- Does patient have stable vitals, baseline mentation and ambulation, and no O2 requirement?

No

Admit to Inpatient

Yes

Consider discharge with the following:

1. Rx for Naloxone 4 mg IN
2. Naloxone teaching instructions
3. If patient is seeking cessation, consider 2-3 day Rx for withdrawal symptoms:*

Symptom	Drug	Dosage
Restlessness	Clonidine	0.1-0.2 mg TID (hold for SBP <90)
Nausea / Emesis	Ondansetron or Promethazine	4-8mg PO q8hr PRN 25 mg PO q6hr PRN
Diarrhea	Loperamide	4 mg q6hr PRN diarrhea 2mg q6hr PRN loose stools
Myalgia	Acetaminophen or Naproxen	325-650 mg q4hr PRN 500 mg q12hr PRN
Anxiety / Hyper-secretion	Diphenhydramine or Hydroxyzine	25-50 mg q6hr PRN 25-50 mg q8hr PRN PRN
Insomnia	Melatonin or Trazodone	5-10mg qHS PRN 50-100mg qHS PRN
Abdominal Cramps	Dicyclomine	20mg q6hr PRN
Neuropathic Pain	Gabapentin	300-600mg TID

**The choice of medications for patients being discharged from the emergency department or other acute care settings must be considered for the risk/benefit profile of each individual*

Box 1: Special Considerations in History and Physical Exam

1. Concomitant acetaminophen overdose by co-formulations
2. Intentional self-harm (management per standard ED suicidal ideation protocols)
3. Search skin for fentanyl patches (remove residual drug with soap/H₂O)
4. Palpate muscle groups for firmness, tenderness, and swelling concerning for compartment syndrome
5. Auscultate to assess for pulmonary edema
6. Usage of long acting opioids (may require longer observation)

Box 2: Further Diagnostics

Test	Indication
POC Glucose	All opioid overdoses
Acetaminophen level	Suspected co-ingestion
Salicylate level	Suspected co-ingestion
Chest X-ray	Pulmonary edema, ARDS
Abdominal X-ray	Body packing/stuffing
Urine Pregnancy	Postmenarchal female
Renal Panel, UA, CK	Rhabdomyolysis, compartment syndrome
HCV Ab, HIV Ab/Ag	Public health screening
Urine Drug Screen	Suspected co-ingestion

Box 3: Naloxone Infusion Instructions

1. **Indications:** recurrent respiratory depression, long acting opiate overdose (methadone, sustained release products)
2. **Initial infusion rate:** 2/3 total dose of naloxone that achieved reversal per hour
3. At 15 minutes, bolus naloxone 1x at 1/2 the infusion rate to prevent drop in naloxone levels
4. **If respiratory depression develops on drip:** bolus at 1/2 dose of 15 minute bolus q2minutes until RR>12, then restart infusion at 1.5x rate
5. **If withdrawal develops on drip:** stop infusion. If respiratory depression develops after stopping, restart at 1/2 previous infusion rate.

Box 4: Addiction Services Hotline

1. Government funded hotline to ensure linkage to care for patients
2. Patients call hotline and set up appointment to get assessment of what treatment facilities are available to them given insurance/ payer status
 1. Assessment free for Ohio Medicaid
 2. Sliding scale payment based on income for private insurance or patients with no insurance
3. For more information, visit www.addictionservicescouncil.org