



## An audit of the use of naloxone in the RBWH Emergency and Trauma Centre

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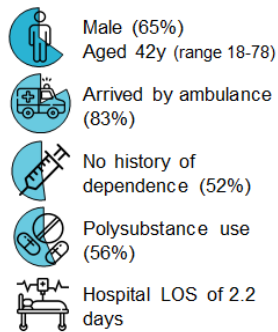
**Opiate misuse is a significant contributor to drug-related harm and death.**

- **Design:** Retrospective audit of the medical records, identified from dispensing events from the Pyxis medication management system
- **Participants:** All patients who presented to ETC from 01/01/21 to 30/04/21, who were administered naloxone in ETC and Short Stay Unit (SSU) – (n=23)
- **Exclusions:** Patients under 18yo, or whose medical record specified a confidential request.

## Results

Oxycodone was the most common suspected opiate used (n=6, 26%), followed by codeine (n=3), methadone (n=2), morphine, heroin and suboxone (all n=1). There were four presentations involving long-acting opiate preparations. In presentations with polysubstance use, benzodiazepines (n=10) and alcohol (n=7) were the most common non-opiate agents.

### The average patient



Patients who require naloxone will often require multiple boluses.

The need for infusion is more common in long-acting opiate preparations and polysubstance overdoses.

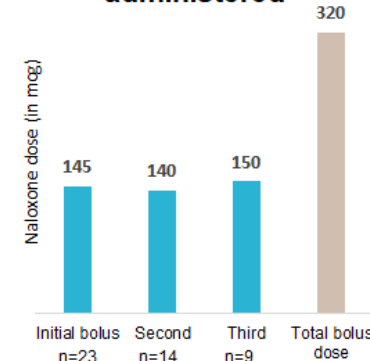
Care provided is complex, time-intensive and multi-disciplinary.

## Opiate Reversal and Length of Stay

Patients received between one and five boluses of naloxone, and five (21%) required infusions.

Mean Length of Stay	ETC LOS	Total LOS
<b>All patients (n=23)</b> Admitted n=16 (69%)	9.6 hrs	2.2 days
<b>Polysubstance (n=13)</b> Admitted n=12 (92%)	8.3 hrs	2.5 days
<b>Naloxone Inf. (n=5)</b> Admitted n=5 (100%)	9.4 hrs	4.5 days

### Mean naloxone dose administered



## Naloxone Infusions (n=5)

NATURE	NALOXONE ADMINISTERED	DISPOSITION
<b>38F suicide attempt</b> Oxycodone, codeine, tramadol Other: various++	3 boluses - 800mcg Infusion commencing dose: 300mcg (37% of bolus amount) Infusion duration: 7 hours	SSU, then to ward
<b>35F suicide attempt</b> Oxycodone Other: amitriptyline, propranolol, pregabalin, other	3 boluses - 300mcg Commencing: 100mcg (33%) ~8 hours	SSU, then to Psych. Emergency Centre
<b>68F therapeutic toxicity</b> Oxycodone	5 boluses - 350mcg Commencing: 160mcg (45%) Duration not specified	Transfer to private ICU
<b>63M recreational</b> Heroin, methadone* Other: meth., benzodiazepine, cannabinoids	2 boluses - 200mcg Commencing: 50mcg (25%) 3.5 hours	ICU-intubated
<b>52M suicide attempt</b> Targin* Other: alcohol	3 boluses - 200mcg Commencing: 400mcg (33%) ~48hours	ICU-assisted ventilation

\*Long-acting opiate preparation

## Care provided by Emergency Team

Multidisciplinary care was provided to most patients, with pharmacists most frequently providing care. Seventeen (73%) patients required oxygen and seven (30%) required airway interventions. Complications were rare. Agitation requiring chemical restraint after opiate reversal was rare (n=1, 4%), as was discharge against medical advice (n=3, 13%).

