# Nursing Home Naloxone Policy and Procedure Toolkit

*This material was prepared by the IPRO QIN-QIO, a Quality Innovation Network-Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication # 12SOW-IPRO-QIN-TA-AA-23-926*

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# The IPRO QIN-QIO

## The IPRO QIN-QIO

- A federally-funded Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO) in contract with the Centers for Medicare & Medicaid Services (CMS)
- 12 regional CMS QIN-QIOs nationally

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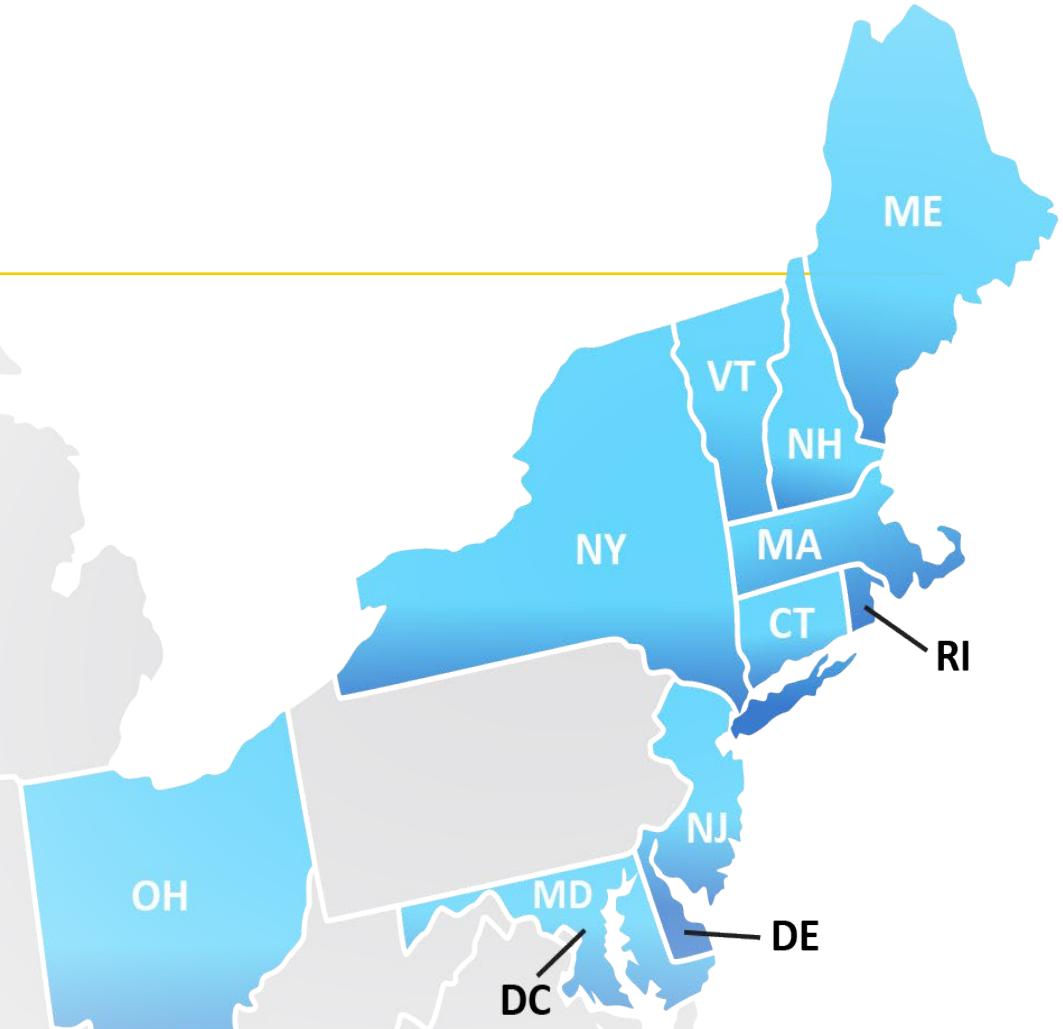


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# Learning Objectives

- Provide overview of the Nursing Home Naloxone Toolkit
- Review policies which can be implemented and revised to meet the needs of a facility
- Promote preparedness by incorporating naloxone as a life saving drug and assuring its availability

# Nursing Home Naloxone Policy & Procedure Toolkit

- Key stakeholders in the IPRO QIN-QIO region collaborated on this project
- The IPRO QIN-QIO Nursing Home Naloxone Workgroup included representatives from:
  - The Greater New York Health Care Facilities Association, New York
  - The Northeast Ohio Hospital Opioid Consortium, The Center for Health Affairs, Cleveland
  - New York Medical Directors Association and University of Rochester School of Medicine and Dentistry, Department of Medicine/Geriatric Medicine Division, Rochester
  - University of Rhode Island, College of Pharmacy, Kingston, Rhode Island
  - IPRO QIN-QIO staff, and practicing pharmacy consultants

# Genesis and Need Assessment for the Naloxone Toolkit

- Center for Medicare and Medicaid Services (CMS) release of revisions to the State Operations Manual (SOM), Appendix PP, Guidance to Surveyors
- Draft copy release in June 2022; provides ample lead time to address existing and new areas of focus
- Effective date of October 24, 2022
- New emphasis on the opioid crisis and caring for residents with Substance Use Disorder (SUD) and Opioid Use Disorder (OUD)
- Recommendations to facilities includes reference to naloxone

# State Operations Manual (SOM), Appendix PP

"According to the Substance Abuse and Mental Health Administration (SAMHSA), opioid overdose deaths can be prevented by administering naloxone, a medication approved by the Food and Drug Administration to reverse the effects of opioids.

The United States Surgeon General has recommended that naloxone be kept on hand where there is a risk for an opioid overdose.

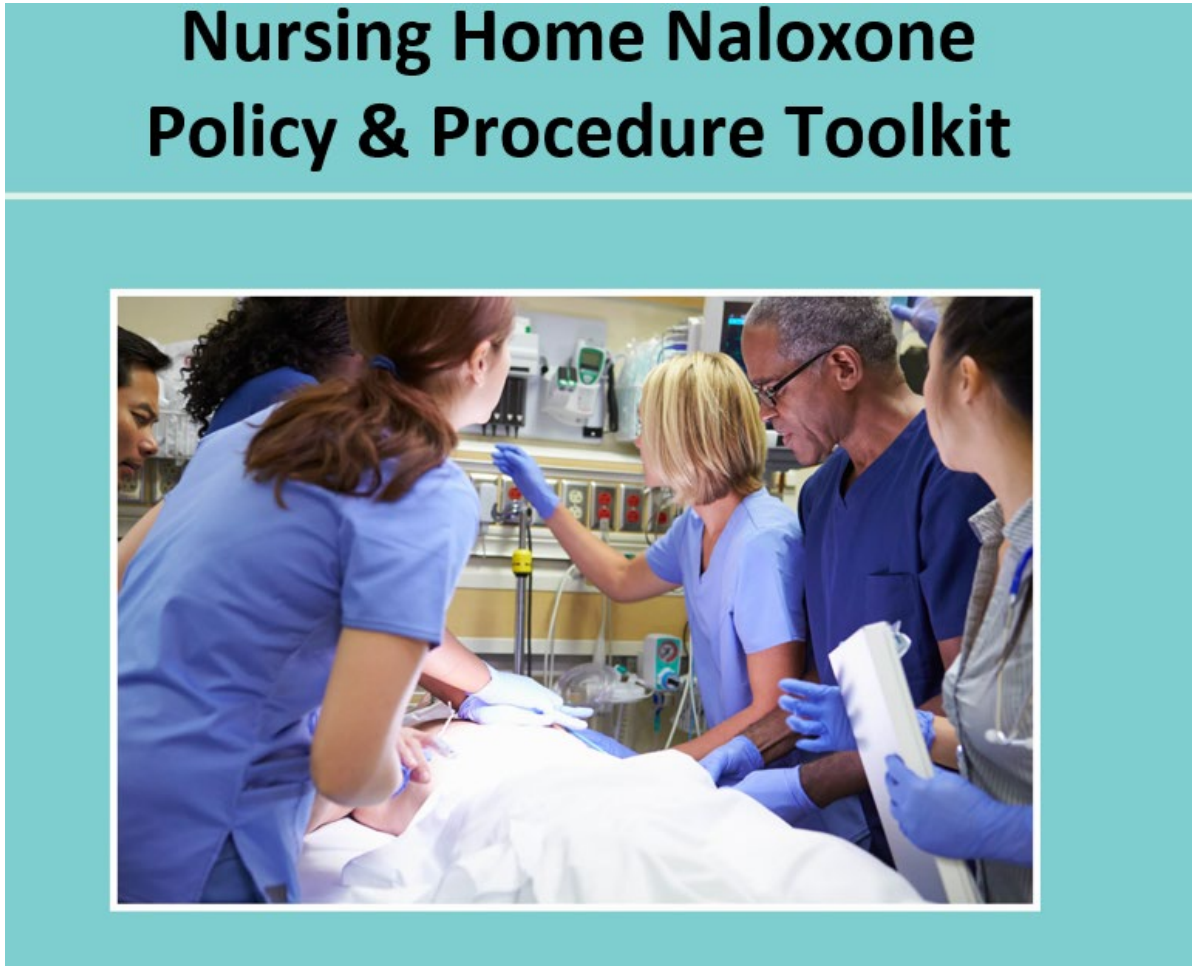
Facilities should have a written policy to address opioid overdoses."

https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/revised-long-term-care-surveyor-guidance Accessed 1/31/2023

# Gap Analysis: Research by IPRO QIN-QIO, Other Organizations

- Nursing Home residents were at increased risk for opioid overdose deaths by both prescription drugs and illicit substances
- Emergency Drug Kits or Automated Dispensing System laws vary by state
- Not every Nursing Home carried naloxone as an emergency drug in kits
- Naloxone product availability included several options, but not helpful if there are no policies or protocols in place
- Accessibility to naloxone by the staff needed to be prioritized

# Toolkit Overview



# Content Includes Assessments, Policies

- Assessing Residents with Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD) and Risk for Opioid Use Disorder
- Naloxone Education and Competency Policy and Procedures
- Naloxone Use for Opioid-Induced Respiratory Depression Policy and Procedures
- Standing Order for Use of Naloxone for Residents, Staff, or Visitors Policy and Procedures
- Suspected Overdose Drill Policy and Procedure with Audit Tool
- Selected Resources

# Polysubstance Use; Illicit Substance Use

- This toolkit is intended to address opioid overdoses only

- If naloxone doesn't work after multiple attempts, the loss of consciousness may be due to other drugs
- Example: xylazine, a veterinary drug which is not an opioid and not currently known to be reversed by naloxone
- Health care professionals should consider potential xylazine exposure when patients presenting with an overdose do not respond to naloxone
- In these situations, health care professionals should provide supportive measures and consider screening for xylazine using appropriate tests

https://www.fda.gov/media/162981/download Accessed 2/15/2023

# Introductory Narrative to the Toolkit

CMS has identified a need to improve guidance related to meeting the unique health needs of residents with mental health diagnoses and Substance Use Disorder (SUD).

Facility staff should have knowledge of signs and symptoms of possible substance use, and be prepared to address emergencies (e.g., an overdose) by increasing monitoring, administering naloxone, initiating cardiopulmonary resuscitation (CPR) as appropriate, and contacting emergency medical services.

This naloxone nursing home toolkit is intended to provide easy to adapt policies and procedures for nursing homes that need to implement or improve their emergency response to opioid overdose, which includes naloxone administration.

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# How to Use the Toolkit

- The goal of the Workgroup was to provide easily accessible and customizable naloxone policies, procedures, and education resources in a brief toolkit.
- This toolkit includes evidence-based recommendations for responding to opioid-induced respiratory depression.
- The example policies and procedures can be edited to meet the needs of your organization.
- A variety of Selected Resources for additional information on topics including substance use disorder, risks associated with opioid use, and guidance on the prescribing of opioids for pain management are included in the Resource Section.

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# Customize Policies and Promote Accountability

## Add your facility name and logo

[Company]

FACILITY LOGO

[Company Address]

| | | | |
|---|---|---|---|
| **Policy Name** | Assessing Residents with Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression and Risk for Opioid Use Disorder | **Policy No.** | |
| **Effective Date** | | **Date Of Last Revision** | |
| **Version No.** | | **Distribution** | Nursing |
| **Applicable Regulations or Standard** | Appendix PP, State Operations Manual, F 697, §483.25(k) Pain Management | | |
| **Administrator Signature** | | **Contact Information** | |

**Version History**

| Version | Approved By | Revision Date | Description Of Change | Author |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## Leadership, Responsibility, Related Policies

### Accountable Leadership

- Administrator, Medical Director, Director of Nursing, Consultant Pharmacist

### Procedure Responsible Parties

- Nursing, authorized staff

### Related Policies

- Naloxone Education and Competency
- Naloxone Emergency Drill
- Naloxone Use for Opioid-Induced Respiratory Depression Policy and Procedures
- Standing Order for Use of Naloxone for Residents, Staff, or Visitors

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# Policy: RIOSORD & Opioid Risk Tool-Revised (ORT-R)

Policy Statement:

All residents with new opioid orders and not on a comfort measure only plan will be assessed for risk for overdose or serious opioid-induced respiratory depression using the RIOSORD Tool and for risk for opioid use disorder using the Opioid Risk Tool-Revised.

# RIOSORD Assessment Tool

**Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD)**

| Description | Y/N | Score |
|---|---|---|
| **In the past 6 months, has the patient had a health care visit (outpatient, inpatient, or ED) involving:** | | |
| Opioid dependence? | | 15 |
| Chronic hepatitis or cirrhosis? | | 9 |
| Bipolar disorder or schizophrenia? | | 7 |
| Chronic pulmonary disease? (e.g., emphysema, chronic bronchitis, asthma, pneumoconiosis, asbestosis) | | 5 |
| Chronic kidney disease with clinically significant renal impairment? | | 5 |
| Active traumatic injury, excluding burns? (E.g., fracture, dislocation, contusion, laceration, wound) | | 4 |
| Sleep apnea? | | 3 |
| **Does the patient consume:** | | |
| An extended-release or long-acting (ER/LA) formulation of any prescription opioid or opioid with long and/or variable half-life? (e.g., OxyContin, Oramorph-SR, methadone, fentanyl patch, levorphanol) | | 9 |
| Methadone? (Methadone is a long-acting opioid, so also write Y for "ER/LA formulation") | | 9 |
| Oxycodone? (If it has an ER/LA formulation [e.g., OxyContin], also write Y for "ER/LA formulation") | | 3 |
| A prescription antidepressant? (E.g., fluoxetine, citalopram, venlafaxine, amitriptyline) | | 7 |
| A prescription benzodiazepine? (e.g., diazepam, alprazolam) | | 4 |
| **Is the patient's current maximum prescribed opioid dose:** | | |
| >100 mg morphine equivalents per day? | | 16 |
| 50-100 mg morphine equivalents per day? | | 9 |
| 20-50 mg morphine equivalents per day? | | 5 |
| **In the past 6 months, has the patient:** | | |
| Had 1 or more ED visits? | | 11 |
| Been hospitalized for 1 or more days? | | 8 |
| **Total Score** | | **115** |

**Opioid Induced Respiratory Depression (OIRD) Probability based on Calculated Risk Index**

| Score | OIRD probability (%) |
|---|---|
| 0-24 | 3 |
| 25-32 | 14 |
| 33-37 | 23 |
| 38-42 | 37 |
| 43-46 | 51 |
| 47-49 | 55 |
| 50-54 | 60 |
| 55-59 | 79 |
| 60-66 | 75 |
| ≥67 | 86 |

*Adapted from: Zedler B, Xie L, Wang L et al. Development of a Risk Index for Serious Prescription Opioid-Induced Respiratory Depression or Overdose in Veterans' Health Administration Patients. Pain Medicine. Jun 2015. 16;1566-1579.*

**Assessment Completed by:** _____ **Date** _____

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# Opioid Risk Tool-Revised (ORT-R) Assessment

**Opioid Risk Tool - Revised (ORT-R)**

*The revised ORT has clinical usefulness in providing clinicians a simple, validated method to rapidly screen for the risk of developing OUD in patients on or being considered for opioid therapy.*

**Tool – OUD (ORT-OUD)**

This tool should be administered to patients upon an initial visit prior to beginning or continuing opioid therapy for pain management. A score of 2 or lower indicates low risk for future opioid use disorder; a score of >/= 3 indicates high risk for opioid use disorder.

| Mark Each Box That Applies | Yes | No |
|---|---|---|
| **Family history of substance abuse** | | |
| Alcohol | 1 | 0 |
| Illegal drugs | 1 | 0 |
| Rx drugs | 1 | 0 |
| **Personal history of substance abuse** | | |
| Alcohol | 1 | 0 |
| Illegal drugs | 1 | 0 |
| Rx drugs | 1 | 0 |
| Age between 16-45 years | 1 | 0 |
| **Psychological disease** | | |
| ADD, OCD, bipolar, schizophrenia | 1 | 0 |
| Depression | 1 | 0 |
| **Scoring total** | | |

Morphine Milligram Equivalent Calculation/Conversion Chart (To be used to answer the RIOSORD tool. Not to be used for prescription conversions. Please discuss prescription conversions with attending physician or prescriber.) Adapted from: https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf

| Opioid | Conversion Factor |
|---|---|
| Codeine | 0.15 |
| Fentanyl Transdermal (in mcg/hr) | 2.4 |
| Hydrocodone | 1 |
| Hydromorphone | 4 |
| Methadone 1-20mg/day | 4 |
| 21-40mg/day | 8 |
| 41-60mg/day | 10 |
| >= 61-80mg/day | 12 |
| Morphine | 1 |
| Oxycodone | 1.5 |
| Oxymorphone | 3 |

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# Policy: Naloxone Education and Competency

Policy Statement:

All nursing home staff will receive naloxone education and competency assessment upon hire and annually. This includes consultants and vendors as indicated.

# Naloxone Administration Competency

**Naloxone Administration Competency Assessment**

Employee Name: Date:

| Competency Criteria | E = Explained and/or O = Observed (select all applicable answers) | Competent? (select one answer) |
|---|---|---|
| 1. Opioid-induced respiratory depression is potentially life-threatening. It may be identified by: loss of consciousness, difficult to arouse, no response to physical stimuli, respiratory rate < 10/minute. | E O | Yes No |
| 2. A person experiencing an opioid overdose usually will not wake up even if the name is called or may not respond to sternal rub. | E O | Yes No |
| 3. If a person is experiencing suspected opioid-induced respiratory depression, use intramuscular or nasal naloxone. | E O | Yes No |
| 4. Demonstrate how to administer naloxone IM 0.4mg. | E O | Yes No |
| 5. Demonstrate how to administer naloxone IN 4mg. | E O | Yes No |
| 6. Check to ensure person is not allergic to naloxone before administering it (if information is available) | E O | Yes No |
| 7. Initiation of Emergency Response protocol/calling 911 is step one. | E O | Yes No |
| 8. If breathing stops, initiate CPR. | E O | Yes No |
| 9. Nurse obtains naloxone from the nearest emergency medication kit, or Automated Dispensing Machine or medication cart, if ordered for resident specifically. | E O | Yes No |
| 10. If the person responds, position them on their side in recovery position. | E O | Yes No |
| 11. Once resident is transported to hospital, notify the pharmacy that the naloxone needs to be replaced, document administration and results, and debrief per policy and procedures. | E O | Yes No |
| 12. Always follow the naloxone product manufacturer's instructions for administration. | E O | Yes No |

Employee is competent in naloxone administration. (Select one) Yes No

Employee requires further education and training. (Select one) Yes No

Evaluator Signature and Title: _____

Comments: _____

Competency completion will be maintained in employee Education file or applicable file.

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# Policy: Naloxone Use

Naloxone Use for Opioid-Induced Respiratory Depression Policy and Procedure

Policy Statement:

Upon a physician's medication order per resident or facility standing order, naloxone may be administered by a licensed nurse or authorized staff to residents/patients/staff/visitors as indicated for the complete or partial reversal of suspected opioid-induced respiratory depression.

# Suspected Opioid-Induced Respiratory Depression

**Identifying suspected opioid-induced respiratory depression:**

- Person with recent inpatient hospitalization for suspected opioid overdose
- Person with diagnosis of opioid use disorder
- Person with history of opioid use or dependence, or diagnosed substance use disorder
- Person with current prescribed opioid orders
- Person with current prescribed opioid and benzodiazepine orders

# Suspected Opioid-Induced Respiratory Depression

- Past opioid use and justice involved resident
- Person with co-morbid diseases that may adversely affect respiratory status
- Current or recent registrant of a methadone maintenance program, or a detox program
- Visitor: Friends and family members of the above who may visit the resident and provide illicit or prescription opioids
- Resident who frequently attempts to elope or leave the facility premises

# Procedures for Administration of Naloxone (Narcan®) Nasal Spray

1. Hold the naloxone nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle. Place the individual in supine position, do not prime, insert the tip into the nostril, give short vigorous push into nostril.
2. Administer one dose of naloxone intranasally in 1 nostril.
    a. If the individual does not respond in 2 to 3 minutes, or responds and then relapses into respiratory depression, administer additional doses of naloxone nasal spray, using a new nasal spray with each dose.
    b. Additional doses of naloxone nasal spray may be given every 2 to 3 minutes until emergency medical assistance arrives.
3. See naloxone nasal spray full prescribing information: Food and Drug Administration. Narcan® Nasal Spray 4mg. Full Prescribing Information can be found here: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/208411s001lbl.pdf

# Procedure for Administration of Naloxone Solution for Intramuscular Injection

For injection with standard syringe:

1. Inspect vial for particulate matter or discoloration. Solution should be clear.
2. Intramuscular injection: Use 1-1 ½ inch needle for intramuscular injection. Inject deeply into anterolateral thigh or deltoid. Aspirate prior to injection to avoid injection into a blood vessel.
3. May be repeated every 2 to 3 minutes per maximum recommended dose. A maximum dose of up to 10mg has been used.
4. See naloxone solution for injection information: Drugs.com. Naloxone Solution for Injection. Full Prescribing Information found here: https://www.drugs.com/pro/naloxone-injection.html

# Policy: Standing Orders

Policy Statement:

Upon a physician's medication order per resident or facility standing order, naloxone (Narcan®) may be administered by a licensed nurse or authorized staff to residents/patients/staff/visitors as indicated for the complete or partial reversal of suspected opioid-induced respiratory depression.

# Policy: Standing Orders (Continued)

**Standing Order for Use of Naloxone for Residents, Staff, or Visitors**

- Indication: Unresponsiveness and/or difficulty breathing due to suspected opioid-induced respiratory depression.
- Exclusions, if known: Comfort care plan, hospice, or end-of-life care; known allergy to naloxone.
- Order: Administer naloxone 0.4mg (0.4mg/ml) IM or naloxone nasal spray (4mg), repeat dose in 2 to 3 minutes for unresponsiveness or difficulty breathing, until individual is breathing (respiratory rate greater than 10). Initiate emergency medical response protocol (call 911) and transfer the individual to the hospital emergency department.

Medical Director Signature: _____

Date: _____

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# Policy: Suspected Overdose Response Drill

Policy Statement:

An overdose drill can help prepare staff to respond quickly and with confidence and potentially save a life. Announcing an Overdose Drill ahead of time may prevent panic, fear, and confusion so participants can practice the facility Suspected Overdose Response procedures with awareness and cooperation.

The facility will identify a Suspected Overdose Response team by role for each shift, to include at least one licensed nurse, and at least one, preferably two other staff members.

Recommendation is to conduct one Suspected Overdose Response drill at least annually and as needed.

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# Policy: Suspected Overdose Drill (Continued)

**Suspected Overdose Response Drill Debrief Form**

| | | | |
|---|---|---|---|
| Facility Name | | Location of Drill | |
| Drill Leader | | Drill Date/Time | |
| Person Completing this Form | | Title | |
| Drill Participants | | | |

Use the following questions to debrief the drill, identify strengths and lessons learned and opportunities for improvement.

| | Yes | No | N/A |
|---|---|---|---|
| 1. Were the overdose supplies easily located? | | | |
| 2. Was someone designated to control on-lookers? | | | |
| 3. Did the person designated to phone 911 know the site address? | | | |
| 4. Was someone designated to do rescue breathing? | | | |
| 5. Was the drill debrief conducted with all participants together? | | | |
| 6. Did staff who participated in the drill have the knowledge/skills to respond to an overdose? | | | |
| 7. Do staff who did not participate in the drill have the skills/knowledge to respond to an overdose? | | | |

Lessons Learned

| |
|---|
| What went well? |
| What would we do differently the next time? |
| What opportunities for improvement were identified? |
| What are the next steps? Who is responsible? What are target dates? |

# Tips for Overdose Reversal Using Naloxone

**Tips for Overdose Reversal Using Naloxone**

| | |
|---|---|
| **RECOGNITION OF OPIOID OVERDOSE** | |
| **Signs and Symptoms** | **Unresponsiveness, fewer than 10 breaths per minute**<br>**Potential presentation of overdose may include:**<br>• **extreme muscle rigidity, seizures, or other uncontrolled movements**<br>• Slow, shallow breathing<br>• Blue lips/fingernails<br>• Snoring/gurgling sound |
| **RESPONDING TO AN OPIOID OVERDOSE** | |
| **Importance of Calling 911** | • Medical interventions beyond what you can provide may be needed.<br>• The 9-1-1 operator can help walk through response including chest compressions, if needed. |
| **Clear Airway & Ventilate** | • Tilt head, lift chin up, plug nose, and make a seal over the mouth, giving **ONE BREATH EVERY FIVE SECONDS THROUGHOUT THE RESPONSE UNTIL THE PERSON IS BREATHING AGAIN** or until paramedics arrive. |

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# Tips for Overdose Reversal (Continued)

| | |
|---|---|
| **Administer Naloxone** | Customize this section to the type of naloxone in your facility, e.g.,<br>• Naloxone injection 0.4mg/mL given IM<br>• Naloxone autoinjector 5 mg/0.5mL (brand Zimhi) IM only<br>• Naloxone 4mg nasal spray<br>• Naloxone 8mg nasal spray (Kloxxado®) |
| **Evaluate Effects for 3 Minutes & Administer Naloxone Again if Needed** | • **Continue breaths for 2to 3 minutes** OR until the person is breathing on their own again.<br>• **If no response, after 2to 3 minutes, administer a 2nd dose of naloxone**<br>• **Continue breaths until the person is breathing normally OR until paramedics arrive.**<br>• **Additional doses may be required.** |
| **Aftercare** | • An overdose can be an out of control, frightening experience<br>• Explain to the individual what happened– they may not recall what happened. |

**Naloxone only works for an opioid overdose** (e.g., morphine, fentanyl, oxycontin, dilaudid, combination products with opioids, methadone, heroin) – NOT for non-opioid depressants (e.g., alcohol, benzodiazepines) **AND if you are not sure what a person has taken, naloxone will not harm them.**

**Naloxone is light and heat sensitive. Do not store in vehicle.**

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# Selected Resources

## Federal Government

- CMS State Operations Manual Appendix PP Guidance to Surveyor for Long Term Care Facilities (cms.gov) (Pages 335 & 410 reference naloxone)

  https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf

- Understanding CMS's New Nursing Facility Guidance (justiceinaging.org)

  Brief overview of October 2022 revisions to CMS State Operations Manual Appendix PP (See, page 9, F697 Pain Management)

  https://justiceinaging.org/wp-content/uploads/2022/07/Understanding-CMSs-New-NF-Guidance-Issue-Brief.pdf

- DRUG MISUSE: Most States Have Good Samaritan Laws and Research Indicates They May Have Positive Effects Report to Congressional Committees. United States Government Accountability Office; 2021.

  https://www.gao.gov/assets/gao-21-248.pdf

# Selected Resources

## Life Support

- Adult Basic Life Support Algorithm for Healthcare Providers
  https://cpr.heart.org/-/media/CPR-Files/CPR-Guidelines-Files/Algorithms/AlgorithmBLS_Adult_200624.pdf

- Opioid-Associated Emergency for Healthcare Providers Algorithm
  https://cpr.heart.org/-/media/CPR-Files/CPR-Guidelines-Files/Algorithms/AlgorithmOpioidHC_Provider_200615.pdf

# Selected Resources

## Naloxone

- Naloxone training for healthcare providers
  https://www.cdc.gov/opioids/naloxone/training/index.html

- Visitor and resident education regarding naloxone

  **Naloxone Saves Lives**

  This patient education document, available in both English and Spanish, describes what naloxone is, how it works, why it is offered to individuals with an opioid prescription, and signs of opioid overdose.
  https://qi-library.ipro.org/2023/01/04/naloxone-saves-lives/

# Selected Resources

## Opioid Crisis

- Understanding the Opioid Overdose Crisis
  https://www.cdc.gov/opioids/basics/epidemic.html

- The Centers for Medicare & Medicaid (CMS)
  The CMS Roadmap to address the opioid crisis
  https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf

# Selected Resources

**Pain/Opioid Guidelines**

- The Society for Post-Acute and Long-Term Care Medicine (AMDA) opioid guidelines
  https://paltc.org/opioids%20in%20nursing%20homes
- National Institute on Drug Abuse Benzodiazepines and Opioids
  https://www.drugabuse.gov/drugs-abuse/opioids/benzodiazepines-opioids
- Exposure-Response Association Between Concurrent Opioid and Benzodiazepine Use and Risk of Opioid-Related Overdose in Medicare Part D Beneficiaries
  https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2685628
- Resources and Tools for Quality Pain Care
  https://geriatricpain.org/

# Selected Resources

## Understanding Substance Use Disorder

- The Power of Perceptions and Understanding: Changing how we Deliver Treatment and Recovery Services

  https://www.samhsa.gov/sites/default/files/programs_campaigns/02._webcast_1_resources-508.pdf

- Stigma and Discrimination | National Institute on Drug Abuse (NIDA) (nih.gov)

  https://nida.nih.gov/research-topics/stigma-discrimination

- Healthcare Worker's Feelings About People With Substance Use Disorders – Recovery Research Institute (recoveryanswers.org)

  https://www.recoveryanswers.org/research-post/healthcare-workers-feelings-about-people-with-substance-use-disorders/

- Barriers for Elders with SUDs in Post–Acute Care (asaging.org)

  https://generations.asaging.org/barriers-elders-suds-post-acute-care

- Physicians Fighting Stigma: Judgement-Free Scripting for Stages of Change in Opioid Use Disorder

  Shine a Light on Stigma – IPRO QIN-QIO Resource Library

# More Information

For additional information, questions, please contact:

Anne Myrka, RPh, MAT, CPHQ

- Senior Director, Drug Safety & Chronic Disease Management, IPRO QIN-QIO

  amyrka@ipro.org

- Link to Resource Library and Toolkit:
- https://qi-library.ipro.org/2023/01/31/nursing-home-naloxone-policy-and-procedure-toolkit/

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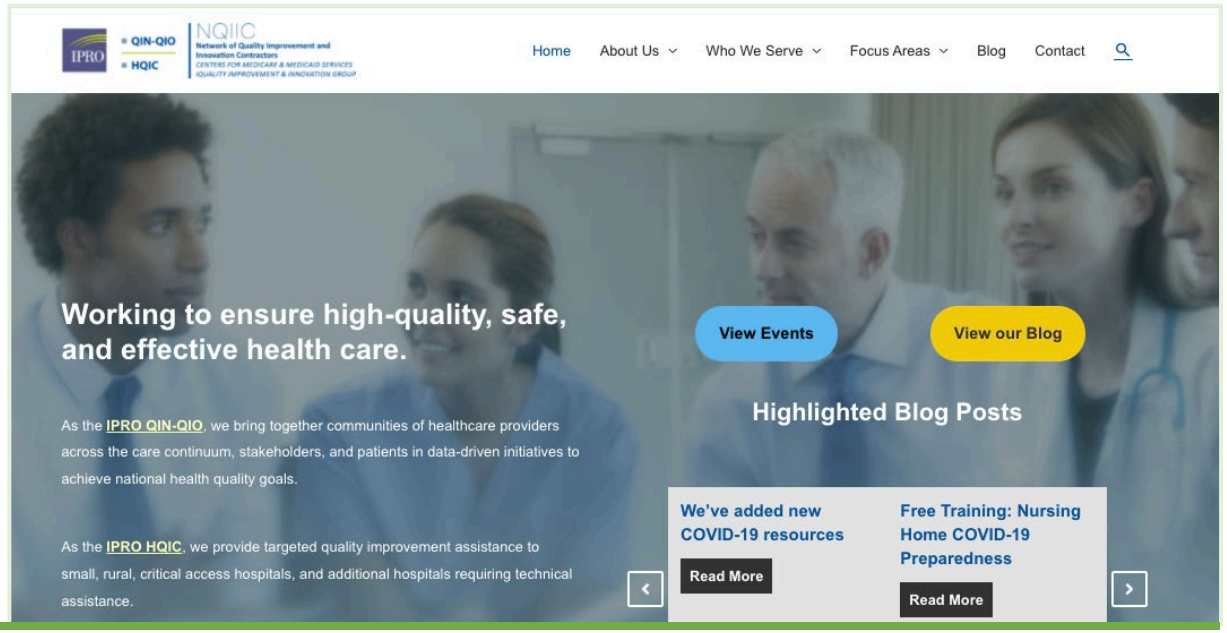


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