Train-the-Trainer: Learning Activities

Opioid Overdose Education and Naloxone Distribution Program (OEND)

Defense & Veterans Center for Integrative Pain Management (DVCIPM)

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Quick Reference Guide Case Study

Have this case study ready. Request that participants calculate a mock patient's (Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression) RIOSORD score. Discuss as a group if the patient is at increased risk and if they would recommend naloxone. This exercise also allows opportunities for participants to share case examples they have encountered of when to prescribe due to clinical judgment.

Patient John Smith comes in for an outpatient visit regarding his chronic lower back pain.

He has been on hydrocodone for about a year, and so far, it has helped him to maintain his usual level of functioning. He requests a renewal of his prescription.

You have not yet established an account in CarePoint but want to determine if you should prescribe naloxone.

He currently has a prescription for citalopram for mild depression.

His current average daily opioid dosage is 52 mg morphine equivalent dosage per day.

The patient had one emergency department visit four months ago and was hospitalized for three days.

Based on the information provided, should you prescribe naloxone?

Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD): Calculate risk by completing RIOSORD assessment	Circle if "YES"
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? (fracture, dislocation, contusion, laceration, wound)	4
• Sleep apnea?	3
Does the patient consume:	
• Extended release or long acting (ER/LA) formulation: An 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 circle for "ER/LA formulation")	9
• Oxycodone? (If it has an ER/LA formulation [OxyContin], also circle 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: (Use Opioid Daily Dose Conversion Table below)	
• ≥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 (add up "YES" response values). **If score > 32, PRESCRIBE NALOXONE→**	**35**

To Tell the Truth Trivia or Myth Busters

To Tell the Truth Trivia: Pull a few myths and facts into a slideshow, read them from note cards, or have them pre-written on a flip board or whiteboard. Divide your participants into two teams or, if you have a smaller group, everyone can compete for themselves. Quiz your participants on which statements about opioids and naloxone are either true or false.

Myth Busters: Divide your participants into two teams or, if you have a smaller group, everyone can compete for themselves. Give them a notecard with a myth written on it and start the timer while they work together or individually to bust the myth. After the allotted time, have everyone share their answers with the group. Remember to maintain a supportive learning environment. If a participant's answer is still not quite there, find an encouraging way to offer an alternative myth-busting fact.

Scenario 1

True or False: My patient does not have an addiction problem, so they are not at risk for an opioid overdose.

False: Even if your patient does not misuse their medication, accidental overdoses can happen, and naloxone is an important safety precaution that helps keep them and their loved ones safe. While your patient may not seem like they are at risk for an overdose, having a RIOSORD > 32 indicates that they may have a combination of smaller risk factors that puts them at a greater overall risk.

Scenario 2

True or False: If I inform patients that naloxone is available, this will **not** encourage them to misuse drugs.

Truth: Studies report that naloxone does not encourage drug use. In some cases, naloxone has been shown to decrease drug use. Naloxone blocks the effects of opiates and can produce unpleasant withdrawal symptoms. Following a successful overdose reversal, a patient can access additional treatment options that he or she may not have considered previously.

Scenario 3

True or False: Naloxone is difficult to use.

False: Naloxone comes in several forms. We generally recommend the intranasal form (e.g., Narcan) which allows people to spray naloxone into the patient's nostrils. Distribute the "Naloxone Administration" brochure to walk through the process with the patient.

We recommend administering a second dose if the patient is not breathing two to three minutes after the first dose; or responds to the first dose but stops breathing again. Naloxone wears off after 30 to 60 minutes.

Scenario 4

True or False: My patients that are Active Duty Service members will be flagged or placed on a "list" if they are co-prescribed naloxone.

False: The policy for administering naloxone applies to the entire MHS. MTF Commanders should ensure that their MTF implements this policy and Service members should not encounter any issues for having a naloxone prescription.

Scenario 5

True or False: Clinical providers do not need to write a prescription for a patient to receive naloxone.

True: DHA-PI 6025.07 for "Naloxone Prescribing and Dispensing by Pharmacists in Military Treatment Facilities" authorizes pharmacists to dispense naloxone upon patient request.

Key Messages Role Play

Select two volunteers, have one be the patient and the other be the nurse, pharmacist, or prescriber. Hand the patient the patient prompts from either Scenario 1 or write out prompts from your own clinical experience with patients. Have the volunteers role play in front of the other participants to see how the provider would respond to their patient's questions and concerns about opioids and naloxone. Provide encouragement as needed.

For a more advanced group of participants, or if you think they need to engage more, remove the clinician parts, so that participants can generate their own responses and you can review key messages as a group.

Scenarios are based on the Department of Veteran Affair's (VA's) "How to Use the VA Naloxone Nasal Spray" educational video, available here for reference: https://www.pbm.va.gov/PBM/academicdetailingservice/Opioid_Overdose_Education_and_Naloxone_Distribution.asp

Scenario 1

Patient: I don't need medication to prevent overdose. I have been taking the medication for a long time, and I don't have any problems with it.

Clinician: I'm glad to hear that you have not had any problems taking this medication, however your health status or other medications can alter how your body processes opioid medications, which can increase the risk of accidental overdose even if you are taking the medication as prescribed.

Patient: Ok, tell me more.

Clinician: Accidental overdoses are just that, accidental. Within the past few years, the medical community has realized that prescription opioids can be dangerous. We are concerned for your safety and just want you to have naloxone medication available in the event of an emergency, much like having an EpiPen available for a severe allergic reaction.

Patient: Are you saying the medication that I was prescribed is dangerous?

Clinician: It can be dangerous, even if used correctly, and that is why we want to reduce the risk as much as possible.

Scenario 2

Patient: Are you saying you think I abuse drugs? I'm not a drug addict!

Clinician: I am not suggesting that you are a drug addict and having naloxone prescribed does not indicate that you are a drug addict. I understand that you are taking your medications responsibly, but there are things that can happen that lead to an accidental overdose. For example, if you decide to have a glass of alcohol or start a medication that interacts with your current medications, it can put you at increased risk of overdose.

Naloxone is not so different from an EpiPen or a fire extinguisher. It's a just-in-case measure that could help keep you and your loved ones safe, if there's an emergency.

Scenario 3

Patient: Ok, I'll think about it, but no thanks, I don't want to take the prescription with me today.

Clinician: I hear that you are concerned about taking this prescription home today. What questions can I answer that will make you feel comfortable?

Clinician: If you don't feel comfortable discussing this with me, here are some brochures [hands over Opioid Safety brochure and Administering Naloxone brochure] with more information. Clinical pharmacists in the primary clinic can also answer any questions you may have.

Scenario 4

Patient: How do I use naloxone?

Clinician: [Have participant demonstrate administering naloxone.]

Patient: What if I am unconscious and cannot administer naloxone myself?

Clinician: We recommend letting your family members and friends know where you keep your naloxone and showing them how to use it, in the event of an overdose. Do you feel comfortable sharing what we have discussed with a friend, family member, or neighbor? If not, feel free to bring someone in and I would be happy to demonstrate for them how to administer naloxone in an emergency.

Key Messages Bingo

Use the key messages bingo sheets to keep participants engaged during the end of your training. If they're not up for the role play activity, have them mark their bingo sheet as you go over the key messages to discuss with patients. This will make learning more hands-on and if anyone gets a "Bingo!" they can read out loud the key messages that helped them win. Use the template below and remember to shuffle and rearrange the key messages so each participant has a different chart.

B	I	N	G	O
Naloxone is an important safety precaution	Even if your patient does not misuse their medication, accidental overdoses can happen	Patients can be at risk even if they have never previously experienced adverse effects	Naloxone is easy to use	Having naloxone in the home is like having an EpiPen if you have allergies
Opioid use disorder is a pain management issue	Naloxone is a lifesaving precaution; it does not lead to increased drug abuse	Having naloxone in the home is like having insulin in the home if you have diabetes	Having naloxone in the home is like a fire extinguisher in the home	Patients will not be flagged if they pick up their naloxone prescription
Patients can request naloxone directly	Overdose can still occur if a patient is reducing their opioid intake		You do not have to be an addict to be at risk for an accidental opioid overdose	Having naloxone will not encourage patients to abuse opioids
Opioids need to be stored safely to prevent children from accessing them	Opioids need to be disposed of safely	When managing pain, use opioids as prescribed	Naloxone can not be abused or create an overdose	Naloxone is an important safety precaution
Having naloxone will not encourage patients to abuse opioids	Naloxone is easy to use	Patients can be at risk even if they have never previously experienced adverse effects	Initiate a conversation with your patients about administering naloxone	You should educate your patients on naloxone if they are at risk