OPIOID OVERDOSE EDUCATION & NALOXONE DISTRIBUTION PROGRAM (OEND)

TRAIN-THE-TRAINER HANDBOOK

Defense & Veterans Center for Integrative Pain Management (DVCIPM)

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OEND Train-the-Trainer Program Handbook

1. Introduction

Opioid risk mitigation is critical to warrior and unit safety, necessitating standardized procedures across the Military Health System (MHS) to reduce the prevalence of opioid-related overdoses. In order to address this, two procedural instructions were passed by the Defense Health Agency:

- DHA-PI 6025.04: Pain Management and Opioid Safety in the Military Healthy System (MHS)
- DHA-PI 6025.07: Naloxone Prescribing and Dispensing by Pharmacists in Military Treatment Facilities (MTFs)

While these policies are setting the foundation for change within the MHS, the OEND program is ensuring the policies are effectively implemented.

Program Mission

The mission of the OEND program is to **increase awareness** of naloxone among patients and family members, **increase knowledge and skill** in opioid risk assessments and opioid safety education among prescribers, and **increase naloxone prescriptions**, especially for patients who are at increased risk of overdose.

The Defense & Veterans Center for Integrative Pain Management (DVCIPM) seeks to accomplish these program goals through a comprehensive Train-the-Trainer model. The target audience for these workshops are medical providers in the MHS who can become trainers of the OEND program.

In addition to this handbook, your trainer toolkit includes:

- Quick Reference Guide
- CarePoint Instructions
- Learning Activities (i.e. Myths and Facts, Role Play Scripts, etc.)
- "Save A Life: How to Prevent Opioid Poisoning Deaths" Patient Flyer
- Customizable Training Deck Skeleton (digital)
- Frequently Asked Questions (FAQs) for Providers and Patients
- Webpage Resources (health.mil/oend)

2. Quick Start G.U.I.D.E.

Implementing a successful Train-the-Trainer program can seem overwhelming. When using this handbook, remember that there are five steps to conducting OEND training at your clinic:

Get leadership involved

Keep leaders engaged to gain necessary approvals and to help you troubleshoot any issues in order to ensure the sustainability of your training program. For more information go to-

Understand your audience and identify clinics

Selecting champions within your clinic will be critical to your program's success. For guidance on how to assign roles and responsibilities within your clinic and help identifying champions go to-

Initiate participant communication and plan training

You are the best person to navigate the unique barriers and facilitators surrounding learning at your clinic and use this insider knowledge to build a training agenda. For planning templates go-

Disseminate and implement your training

For assistance with promoting and facilitating your training use the guidance found here-

Evaluate the success of your training and maintain feedback loop

It's important to measure the impact of your training through ongoing monitoring and evaluation. For survey templates and data lookup information go here.

Training Checklist

You are the best person to navigate the unique needs surrounding learning at your clinic and use this insider knowledge to build a training agenda. You can use this guide to help you plan your training by completing this checklist.

Analyze ▸ Design ▸ Develop ▸ Implement ▸ Evaluate
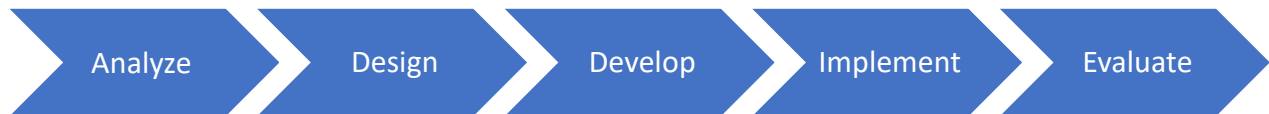
Analyze
☐ **Identify need (gap in existing knowledge and/or skills relating to opioid overdose education and/or naloxone distribution)**
☐ **Confirm the feasibility of a training with leadership, target audiences, and logistics coordinators**

Design
☐ **Select your learning activities from the trainer's manual and be sure to incorporate the principles of Adult Learning Theory**
☐ **Define what you will collect for monitoring and evaluating the success of your training and modify survey tools accordingly**
☐ **Create your training plan with an operational timeline**

Develop and Implement
☐ **Select the appropriate training materials for your training plan**
☐ **Adjust the learning materials (slide deck, handouts, etc.) as needed for your specific audience**
☐ **Select a time and place for your training and make sure you have what you need to present and complete learning activities**
☐ **Request approval as needed for staff time, invite participants, and have them complete their pre-training form to gauge what they already know**
☐ **Implement your training, focusing on areas where there is a large gap in knowledge or skills**

Evaluate
☐ **Examine the reactions, learning, behavior, and impact during and after your training**
☐ **Record any lessons learned or improvement opportunities**
☐ **Continue to monitor the impact of your training and serve as a resource for your colleagues as needed**
☐ **Collect survey data and share as appropriate to contribute to systematic improvement of the OEND program**

Online Resources

In addition to this handbook, the following resources are available online if you would like additional guidance or information on the Quick Start GUIDE or OEND.

Getting Leadership Involved	- Understanding Leadership Questionnaire - Stakeholder Engagement Worksheet
Understanding Your Clinic	- RACI Chart Template - Patient Flyer - Selecting a Champion
Initiate Planning	- ADDIE Checklist - Action Plan Template - OEND Training Deck - Learning Activities
Disseminate and Implement Training	- Dissemination Overview - Social Media Template - Stakeholder Engagement Worksheet
Evaluate Training	- Survey Templates - Data Collection - Data Sources
OEND Content	- OEND Slide Deck - Learning Activities "Save A Life: How to Prevent Opioid Poisoning Deaths" Patient Flyer - Quick Reference Guide - CarePoint Instructions - CarePoint Website - Frequently Asked Questions (FAQs) - Naloxone Video Tutorials

3. OEND Program Overview

Program Drivers:

The OEND program was developed following the release of two Defense Health Agency Procedural Instructions (DHA-PIs). These policies, as well as guidelines from the Centers for Disease Control and Prevention (CDC) and Department of Veterans Affairs and Department of Defense (VA/DoD), provide recommendations for when to prescribe naloxone:

- DHA-PI 6025.04: Pain Management and Opioid Safety in the MHS
- DHA-PI 6025.07: Naloxone Prescribing and Dispensing by Pharmacists in Military Treatment Facilities (MTFs)
- CDC Guidelines for Prescribing Opioids for Chronic Pain
- VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain
- US Department of Health and Human Services Naloxone Co-Prescribing Guidance
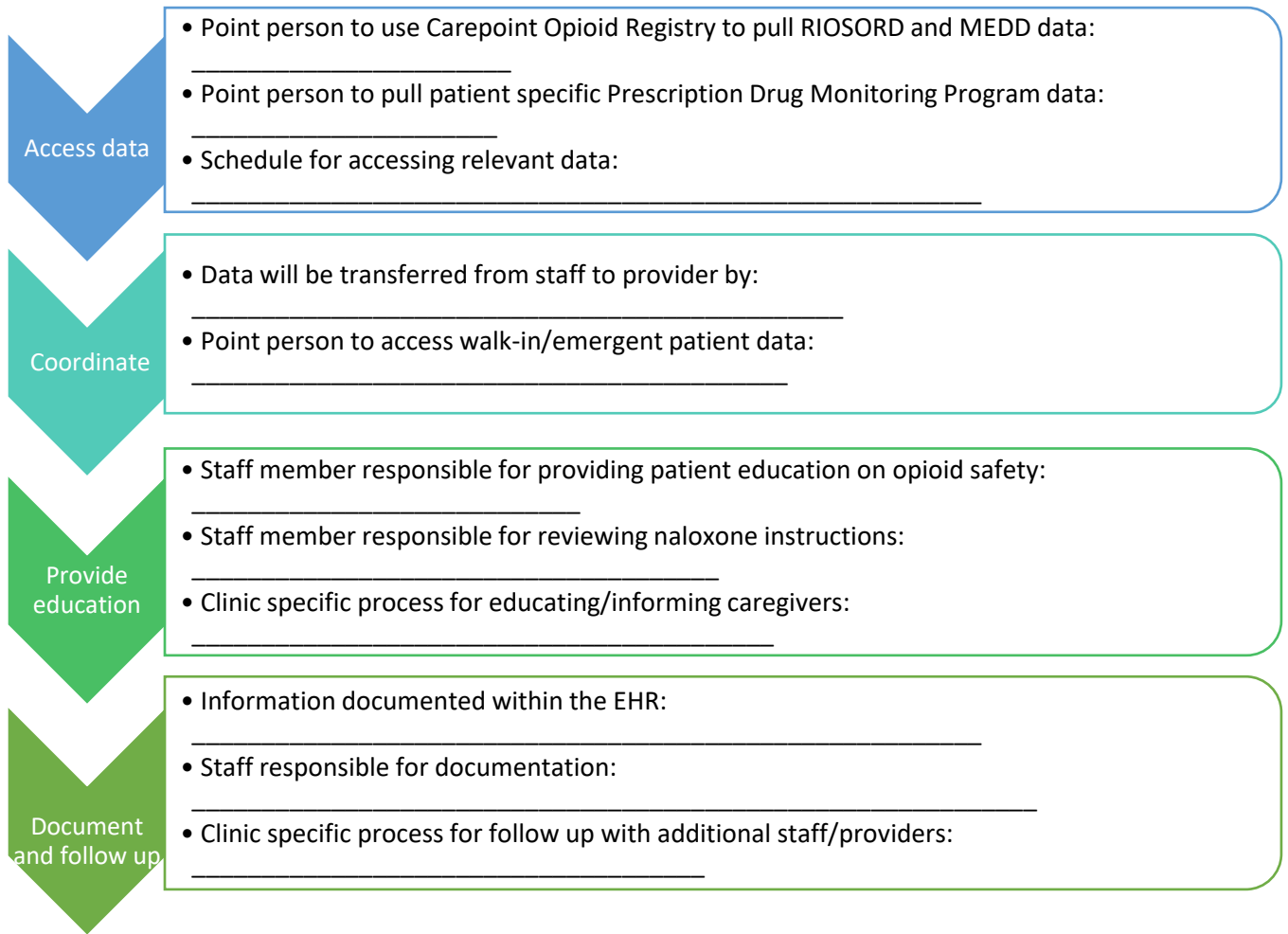
Criteria for prescribing naloxone:

Below is a summary of the criteria for prescribing naloxone based on these policies and guidelines. You can also find them in the Quick Reference Guide (Appendix A).

- Morphine Equivalent Daily Dose (MEDD) ≥50 mg
- Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD) Score >32
- Co-prescription benzodiazepine and opioid (defined as at least 1 day of overlapping prescriptions)
- Long-term opioid therapy (LOT), defined as at least 90 days of opioid days supply in the past 6-months
- Per patient/caregiver direct request for naloxone

Using CarePoint Tools:

- Tools such as the Opioid Registry and Look Up Tool are helpful in identifying the criteria for prescribing naloxone
- However: There may be a time lag in the data. For example, the data refreshes nightly. Therefore, the patient's displayed information is actually yesterday's information.
- Cross-referencing data displayed in these CarePoint Tools with patient report is recommended.

Steps:

Access data

- Point person to use Carepoint Opioid Registry to pull RIOSORD and MEDD data: _____
- Point person to pull patient specific Prescription Drug Monitoring Program data: _____
- Schedule for accessing relevant data: _____

Coordinate

- Data will be transferred from staff to provider by: _____
- Point person to access walk-in/emergent patient data: _____

Provide education

- Staff member responsible for providing patient education on opioid safety: _____
- Staff member responsible for reviewing naloxone instructions: _____
- Clinic specific process for educating/informing caregivers: _____

Document and follow up

- Information documented within the EHR: _____
- Staff responsible for documentation: _____
- Clinic specific process for follow up with additional staff/providers: _____

Our MTF Specific Policies and Procedures for naloxone dispensing:

Quick Reference Guide

Participants can use the Quick Reference Guide to remember the highlights of the training. The front of the Quick Reference Guide is divided into 3 sections to help walk prescribers and pharmacists through assessing the need to prescribe naloxone:

1. **Assess/Offer**

    - Outlines when to prescribe naloxone (risk criteria including RIOSORD, MEDD, and benzodiazepine co-prescriptions)
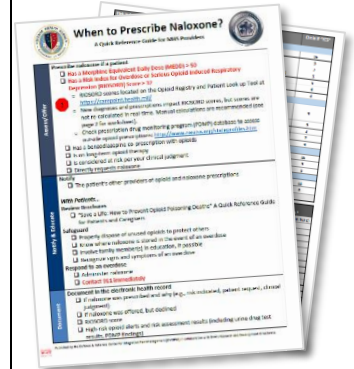
2. **Notify & Educate**

    - Highlights an educational flyer to review with patients and safeguarding protocols

3. **Document**

    - Provides an overview of what needs to be documented in the patient's electronic health record

The back of the Quick Reference Guide has a manual RIOSORD assessment tool.

CarePoint Tools

- Opioid Registry and Look-Up Tool- The Opioid Registry (providers, clinical pharmacists) and Look-Up Tool (at-the-window pharmacists) are CarePoint resources that can find patient information.

- Look-Up Tool Dashboard- The Look-Up Tool Dashboard can display MHS-wide and MTF-level statistics on naloxone and opioid prescribing, which may be helpful for ongoing monitoring of your training program.

- Opioid Prescriber Monthly Trend Report – The Opioid Prescriber Monthly Trend Report provides monthly metrics on elevated risk prescription and naloxone data, across the past year. Users can filter by market, MTF, clinic, and provider. There's also a download feature to support quality improvement efforts.

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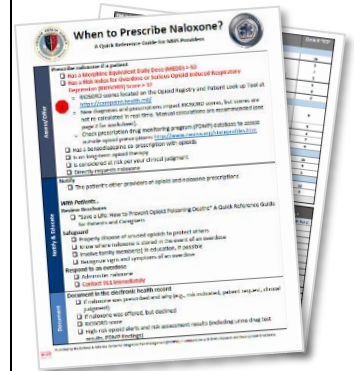   - Outlines when to prescribe naloxone (risk criteria including RIOSORD, MEDD, and benzodiazepine co-prescriptions)

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Frequently Asked Questions

Provider and Patient Frequently Asked Questions (FAQs) document help better prepare for conversations between providers and patients and their caregivers about naloxone and help them feel comfortable with taking the medication home.

Opioid Safety and Naloxone Administration Flyer

The opioid safety and naloxone administration flyer, titled "Save A Life: How to Prevent Opioid Poisoning Deaths," can be used as an education tool for patients and caregivers. It provides a high-level overview of what opioids are, common opioids, opioid safety "dos and don'ts," as well step-by-step instructions on how to respond to an overdose using naloxone.

Quick Reference Guide

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1. **Assess/Offer**

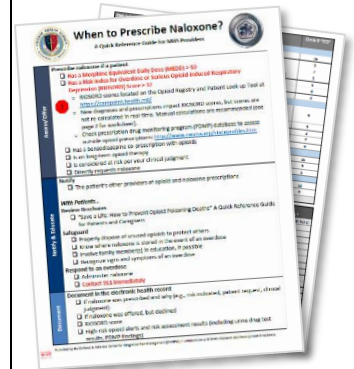   - Outlines when to prescribe naloxone (risk criteria including RIOSORD, MEDD, and benzodiazepine co-prescriptions)

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Social Media Campaign Plan

The OEND Program includes several infographics and a Social Media Campaign Plan worksheet to help champions disseminate Naloxone awareness across their Market and MTFs. The worksheet can be modified per site-specific information, gained from working with local Public Affairs Offices.
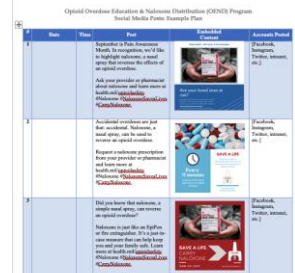
OEND Learning Activities

Use the following suggested activities to teach the components of the OEND content. You can tailor the learning activities based on the size and needs of your participant audience. You can also review the learning activities by visiting https://health.mil/opioidsafety

OEND Resource	Learning Activity
Quick Reference Guide	• **Case Study with RIOSORD Calculation:** Have a few case studies ready and ask participants to calculate a mock patient's 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 judgement.
CarePoint Lookup	• **Live Tutorial:** We recommend a live tutorial in real time to walk through the steps in CarePoint to access the various tools. At the end of the exercise, participants will have an example of a patient report and be able to locate the RIOSORD score, current prescriptions (naloxone), and the MEDD.
Myths and Facts	• **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.
Key Messages	• **Role Play:** Select 2 volunteers, have one be the patient and the other be the nurse, pharmacist, or prescriber. Hand the patient the prompts from either scenario 1 or write out prompts from your own clinical experience with patients. Have the volunteers roleplay 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. • **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.

Appendix

Appendix A: Quick Reference Guide

When to Prescribe Naloxone?

Assess/Offer	**Prescribe naloxone if a patient** ☐ Has a Morphine Equivalent Daily Dose (MEDD) > 50 ☐ Has a Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD) Score > 32 　○ RIOSORD scores located on the Opioid Registry and Patient Look up Tool at https://carepoint.health.mil/ 　○ New diagnoses and prescriptions impact RIOSORD scores, but scores are not re-calculated in real-time. Manual calculations are recommended (see page 2 for worksheet). 　○ Check prescription drug monitoring program (PDMP) database to assess outside opioid prescriptions: http://www.nascsa.org/stateprofiles.htm ☐ Has a benzodiazepine co-prescription with opioids ☐ Is on long-term opioid therapy ☐ Is considered at risk per your clinical judgment ☐ Directly requests naloxone
Notify & Educate	**Notify** ☐ The patient's other providers of opioid and naloxone prescriptions ***With Patients...*** **Review Brochures** ☐ "Save a Life: How to Prevent Opioid Poisoning Deaths" A Quick Reference Guide for Patients and Caregivers **Safeguard** ☐ Properly dispose of unused opioids to protect others ☐ Know where naloxone is stored in the event of an overdose ☐ Involve family member(s) in education, if possible ☐ Recognize signs and symptoms of an overdose **Respond to an overdose** ☐ Administer naloxone ☐ Contact 911 immediately
Document	**Document in the electronic health record** ☐ If naloxone was prescribed and why (e.g., risk indicated, patient request, clinical judgment) ☐ If naloxone was offered, but declined ☐ RIOSORD score ☐ High-risk opioid alerts and risk assessment results (including urine drug test results, PDMP findings)

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 of cirrhosis?	9
• Bipolar disorder of 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➜**	

Opioid Daily Dose Conversion Table: Calculate Morphine Equivalent Daily Dose (MEDD) by multiplying daily dose for each opioid by the conversion *		
Type of Opioid (doses in mg/day except where noted)	Conversion Factor	MEDD (enter calculation here)
• Buprenorphine patch	12.6	
• Buprenorphine tab or film	10	
• Butorphanol (Stadol)	7	
• Codeine	0.15	
• Fentanyl transdermal (in mcg/hr)	2.4	
• Hydrocodone	1	
• Hydromorphone	4	
• Meperidine	0.1	
• Methadone		
o 1-20 mg/day	4	
o 21-40 mg/day	8	
o 41-60 mg/day	10	
o ≥ 61-80 mg/day	12	
• Morphine	1	
• Oxycodone	1.5	
• Oxymorphone	3	
• Tapentadol IR	0.4	
• Tramadol	0.1	

These dose conversions are estimated and cannot account for all individual differences in genetics and pharmacokinetics.

Appendix B: CarePoint Instructions

Naloxone and opioid-related information is displayed in the DHA Opioid Registry, located on CarePoint. Below are instructions to access the Opioid Registry on CarePoint to assist you in your naloxone assessment.

How to Access CarePoint

1. Using a computer with a CAC reader and internet access, go to https://carepoint.health.mil
2. Click the **"Continue"** button.
3. Use your CAC E-mail certificate and enter your PIN number to access the site.

How to go to the Military Health Service Population Health Portal (MHSPHP)

4. From the CarePoint home page, click on the **"Apps"** dropdown at the top menu bar, then select **"All Apps."**
5. Scroll down the list of Apps to the **"MHSPHP"** App icon.
6. Click on **"Favorite"** under the description to display it on your Carepoint home page.
7. Click on the MHSPHP icon to enter the App.

How to request Clinical Registries on Carepoint Protected Health Information (PHI) access on MHSPHP

8. Click on the red "**Request PHI Access**" link in the top left corner.
   (Or go to: https://carepoint.health.mil/sites/mhsphp/SitePages/RequestAccess.aspx)
   a. If you are a new Composite Health Care System (CHCS) user or a user that has a new location. **Go to #9.**
   b. If you do not have a CHCS account. **Go to #13.**

CHCS Users (new user or new location) requesting PHPM access:

9. Click on the **"Validate CHCS Account"** button.
   (Or go to the following link: https://carepoint.health.mil/siteassets/PHI/PHIValidation.aspx)
10. Type in the Military Treatment Facility (MTF) name or Defense Medical Information System of your MTF in the **"Select MTF Box"** and it will autofill with options.
11. Enter in your CHCS username and password. Click **"Validate"** when finished. (New passwords have a 24 hour delay prior to validation.)
12. If your account has been validated, click on the **"Refresh"** button and you can access the PHPM registries located on the left side under the **"Clinical Registries"** drop down menu. **Go to #15.**

Non-CHCS Users requesting PHPM access

13. Download the "Request Access Form" by either clicking the **"Request Access"** button or going to: https://carepoint.health.mil/sites/mhsphp/PHPM%20Linked%20Documents/MHSPHPAccessRequest.pdf
14. Complete the form electronically and send to the identified Service POCs listed on the webpage.

How to Access DHA Opioid Registry (with MHSPHP access)

15. Click the **"Clinical Registries"** on the left side navigation menu, then select **"Opioid Management."**
16. To set a preferred layout view of the data columns, click the ⊞ icon at the top of the registry:
    a. Manually customize the columns by selecting **"Rearrange"** tab.
    b. Access public displays and filters by selecting **"My Layouts"** tab and clicking apply (ex.: "Simplified Registry")
17. To customize filters, click the Manage Filters button at the top of the registry:
    a. On the **"Filters"** tab, select your own filters (ex.: RIOSORD greater than 32)
    b. Select pre-made and custom-made filters on the **"My Filters"** tab (ex.: On long term opioid therapy with appointments today).

Reminder to also access your state's local Prescription Drug Monitoring Program (PDMP)

Look up your state's local PDMP on the National Association of State Controlled Substances Authority (NASCSA) state profile library: http://www.nascsa.org/stateprofiles.htm

Appendix C: Frequently Asked Questions

PROVIDER FAQS

Bringing up a patient's risk of opioid overdose can be difficult. How do I best address this?

Tailor the key messages below around your patient's concerns. Emphasize that naloxone is just a precaution, similar to an epi-pen or fire extinguisher.

- Naloxone is a lifesaving precaution for you and your family members
- Medical conditions, like lung problems and sleep apnea, increase the risk of opioid overdose.
- Naloxone does not lead to increased drug abuse and having a naloxone prescription does not mean your provider thinks you will abuse opioids

> The goal of the OEND program is to **increase co-prescribing of naloxone**, a lifesaving medication that effectively reverses the effect of opioids and prevents overdose deaths.

What should I do if my patient asks about tapering their current opioid dose?

Tapering should be individualized based on risk assessments, patient needs, and characteristics. Guidelines recommend slow tapering (e.g., 10%-50% reduction weekly or monthly) for most patients. Naloxone should be available while tapering.

Resources: Watch the Initiating Collaborative Tapering Video via Joint Pain Education Program
http://www.dvcipm.org/clinical-resources/joint-pain-education-project-jpep/pain-educational-videos/

I typically wouldn't have time to perform a RIOSORD assessment. How can I still make sure patients with an elevated risk are being identified?

RIOSORD (Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression) scores are available on CarePoint but are not updated in real-time. If you diagnose the patient with a new condition or prescribe a medication (e.g., opioid, benzodiazepine), the patient's RIOSORD score can increase, but would not be re-calculated until the following day.

Clinics can identify a staff member (e.g., a case manager) who would access the Opioid Registry and obtain RIOSORD scores for all patients seen in clinic each day. For patients not in the Opioid Registry or those with updated conditions and medications, the RIOSORD score would need to be hand-calculated.

Let your staff know about available resources (e.g., Quick Reference Guide, CarePoint instructions, patient brochures) so that they can talk to your patients about naloxone if you have limited time.

What do I need to do after checking the state PDMP and DHA Opioid Registry? Can a provider update the registry?

If the state PDMP indicates that your patient was prescribed opioids by another prescriber, look into whether that prescription is still current. Having a sole prescriber for opioids is recommended.

Does prescribing naloxone encourage my patient to continue to abuse drugs?

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 may be more motivated to access additional treatment options that they may not have considered previously.

PATIENT FAQS

Can naloxone be used if it is expired?

Naloxone loses its effect over time, especially if left in the heat, cold, or sunlight for a long time. Expired naloxone will not hurt someone, but it probably will not work as well as a newer naloxone prescription.

A new refill each year is recommended.

What are the risks of using naloxone?

Serious side effects of naloxone are very rare. Since naloxone reverses opioid effects, opioid withdrawal may occur in some cases. The benefits far outweigh the risks, as giving naloxone to someone who has overdosed can decrease the chance of brain damage, lung and heart problems, and death.

How much does naloxone cost?

Naloxone is available on the Basic Core Formulary and is free for TRICARE beneficiaries at military pharmacies.

Narcan Brand 4 Mg Spray, Non-aerosol (ea) Search for another drug View drug information		View Other Alternatives	
		You Pay	
Pharmacy	Is this drug covered?	Active duty	Non-active duty
Military Pharmacy (MTF)	✓ YES	This is a Basic Core Formulary (BCF) medication	This is a Basic Core Formulary (BCF) medication
Basic Core Formulary (BCF) designated drugs should be available at your local MTF pharmacy but check with your specific location to be sure.			
Home Delivery Pharmacy Up to 90 days supply	✓ YES Coverage notes	$0.00	$7.00
Retail Network Pharmacy Up to 30 days supply	✓ YES Coverage notes	$0.00	$11.00
Are there forms my doctor may need to fill out? NO			

Is naloxone difficult to use?

Naloxone comes in several forms. The intranasal form (e.g., Narcan) is usually recommended. With the intranasal form, naloxone is sprayed into the person's nostrils. Distribute the Opioid Safety Flyer to walk through the process with the patient.

Administering a second dose is recommended if the person is 1) not breathing 2-3 minutes after the first dose or 2) responds to the first dose but stops breathing again. Naloxone wears off after 30-60 minutes.

As an active duty Service member, will I be flagged or placed on a "list" if I have a naloxone prescription?

The Defense Health Agency released two policies that encourage naloxone education and prescribing. As part of these policies, MTFs should ensure that these policies are implemented, and Service members should not encounter any issues for having a naloxone prescription.

Why do I need naloxone if I take my medication as prescribed?

Even if you take your medication as prescribed, accidental overdoses can happen, both for you and anyone in your household who could accidentally take it. Naloxone is an important safety precaution that helps keep you and your loved ones safe.

Based on your unique medical history, you can be at risk for an overdose, even if you have never previously experienced bad effects from opioids.

Appendix D: Action Planning Worksheet

Use this worksheet to organize and plan for your training and outline specific steps you need to take to implement your training.

Action Steps What needs to be done?	Deadline When should this step be complete?	Necessary Resources What resources can you use to complete this step?	Potential Challenges Are there any potential challenges that may impede completion? How will you overcome them?	Potential Support Who can support you in completing this action step? What can they do to support you?	Result Was this step successfully completed? Were any new steps identified in the process?