Naloxone Administration and Relationship to Opioid Overdoses Outcomes

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This study aimed to look at naloxone administration in opioid overdose patients age 18-35 and its effect on patient outcomes in healthcare settings. From 1999 to 2018, deaths due to opioid overdoses experienced a six-fold increase in the United States. Naloxone is now being used in over 1% of all emergency medical service (EMS) encounters nationwide and EMS use is associated with subsequent overdose due to not receiving the community resources from the local emergency department (ED). Databases used were Umaine One Search, Nursing Reference Center Plus, and Cinahl Full Text Search. Search terms and phrases included, "naloxone availability," "narcan," "naloxone," "opioid overdose *and* patient outcomes," "readmission *or* rehospitalization." Only articles published between 2017-2022 were used. Articles that did not discuss naloxone and patient outcomes were omitted. **Ten articles were chosen that fell within the search criteria.** Research suggests providers should require transport to the local ED when administering naloxone so that patients can receive available resources or offer the same resources through EMS to improve outcomes for overdose patients. Government and state funding should be increased for naloxone distribution, in addition to implementation of laws allowing direct dispensing of naloxone by pharmacists.

Key Words: Naloxone, Narcan, Readmission, Opioid Overdose, Patient Outcomes, Rehospitalization, Deaths

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