



CALL TO  
ACTION



THE FLORIDA HOSPITAL ASSOCIATION

*Reduce Maternal  
Mortality in Florida*

RAISING AWARENESS IN THE FIGHT AGAINST MATERNAL MORTALITY

## ***Preventing Maternal Mortality: Providing Naloxone at Discharge***

***December 14, 2023***

First Flight

## AGENDA

1. Welcome and Background on the Call
2. FPQC Insights – FPQC Team
3. Florida Board of Pharmacy – Callie Parry, Pharmacist, Baptist Health System
4. Lee Health's Journey – John Armitstead, System Director of Pharmacy, Lee Health
5. DCF Resources – Jennifer Williams
6. Next Steps

# NIH STUDY: OVERDOSE DEATHS INCREASED IN PREGNANT/POST-PARTUM WOMEN

## Original Investigation

ONLINE FIRST

November 22, 2023

## Pregnancy and Postpartum Drug Overdose Deaths in the US Before and During the COVID-19 Pandemic

Beth Han, MD, PhD, MPH<sup>1</sup>; Wilson M. Compton, MD, MPE<sup>1</sup>; Emily B. Einstein, PhD<sup>1</sup>; et al

[> Author Affiliations](#)

*JAMA Psychiatry*. Published online November 22, 2023. doi:10.1001/jamapsychiatry.2023.4523

### Key Points

**Questions** How did pregnant and postpartum overdose decedents aged 10 to 44 years differ from obstetric decedents in the US?

**Findings** In this cross-sectional study including 17 458 decedents, from 2018 to 2021, drug overdose mortality ratios rose (more than 3-fold in pregnant and postpartum individuals aged 35 to 44 years) across the pregnancy-postpartum continuum (the highest during late postpartum period since July 2020). Overdose decedents differed from obstetric decedents in sociodemographic characteristics (younger, less education, unmarried), place of death (outside health care settings), and available health care resources.

**Meaning** To reduce pregnancy-associated mortality, evidence-based interventions are needed at the individual, health care, community, state, and national levels along with nonpunitive approaches that incentivize pregnant and postpartum women to seek treatments for their substance use disorder.

### Abstract

**Importance** Knowledge about characteristics of US pregnancy-associated decedents is needed to guide responses.

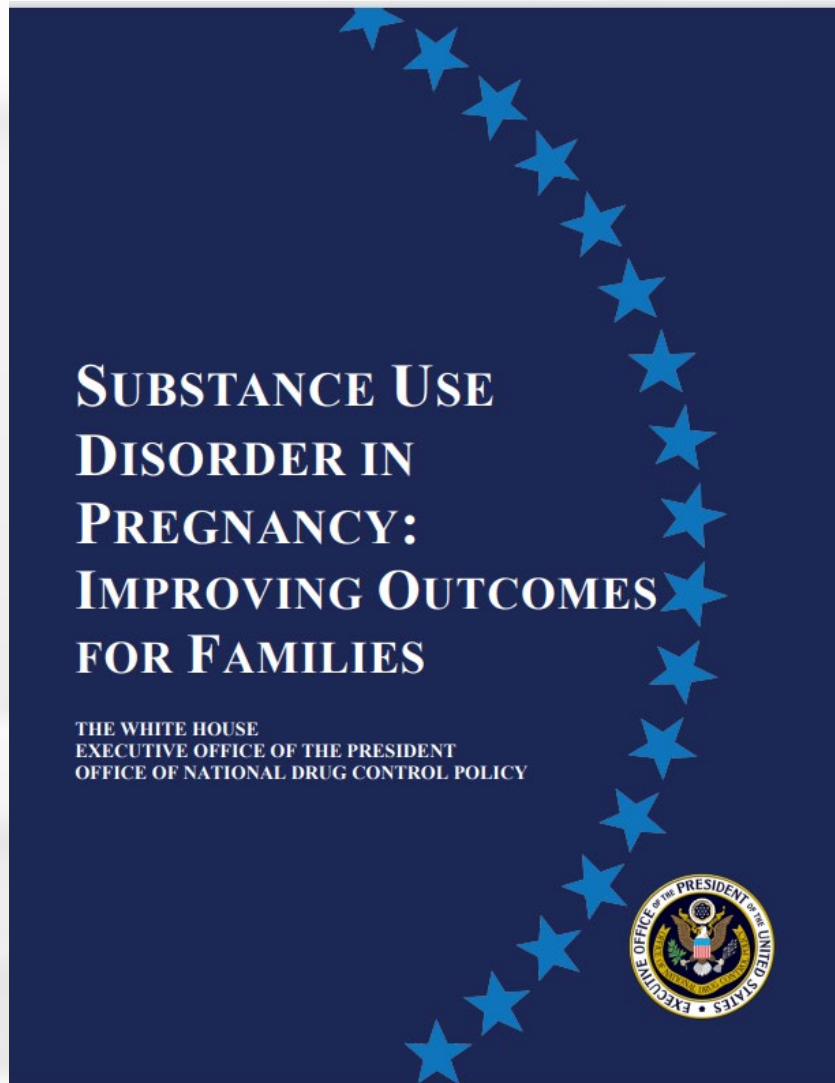
**Objective** To examine individual sociodemographic characteristics and residing county's health care resources and socioeconomic factors among pregnancy-associated overdose decedents in comparison with obstetric decedents and overdose decedents who were not pregnant in the past year.

**Design, Setting, and Participants** This cross-sectional, exploratory study included 1457 pregnant and postpartum overdose decedents, 4796 obstetric decedents, and 11205 nonpregnant overdose decedents aged 10 to 44 years from 2018 to 2021. Data were analyzed August 2023.

**Exposures** Decedents from the 2018-2021 Multiple Cause of Death Files linked to the 2021 Area Health

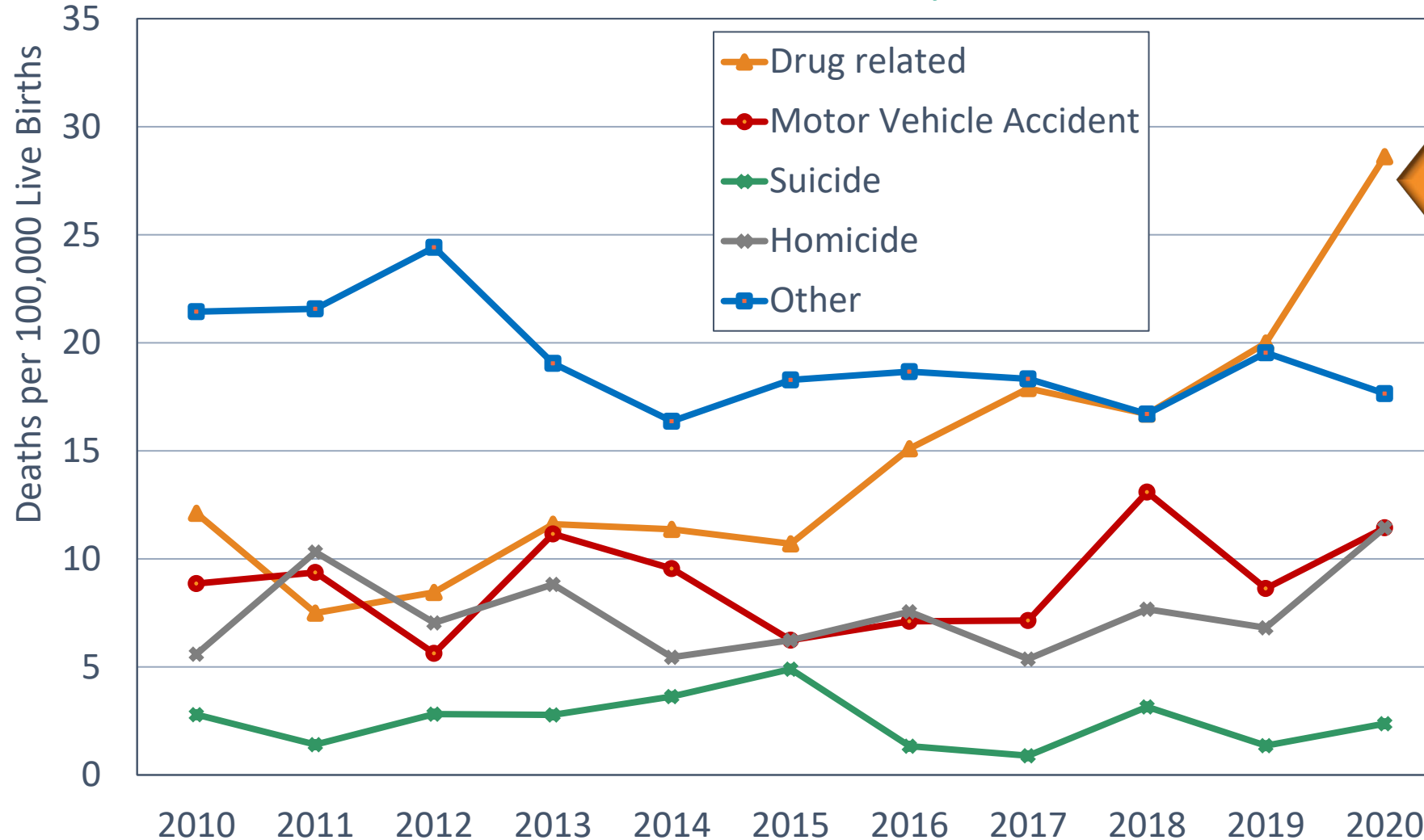
- Mortality rate for pregnant and postpartum women due to overdoses more than tripled between 2018 and 2021 among those 35–44 yrs old
- Over 60% occurred outside healthcare settings
- While treatment is available, significant barriers exist such as stigma, penalization, discrimination and limited socioeconomic resources
- Those more likely to die of a drug overdose more likely to be aged 10 to 34, non-college graduates, unmarried and die either at home or non-healthcare places

## BIDEN-HARRIS ADMINISTRATION PRIORITY



1. Improve access to effective treatment
2. Prevent unnecessary care foster placement, support families and keep families together
3. Make better use of data across services systems to better serve children and families
4. Public-private partnerships (perinatal quality collaboratives)

# Pregnancy-Associated Mortality Ratios by Cause of Death Florida, 2010-2020



**Drug-Related Deaths:**

- Leading cause; More than all pregnancy complications
- More than 75% die after discharge for delivery
- More likely to have had a prior standalone ER visit

# Key MORE Strategies

**Increase Drug Screening  
with a Validated Verbal  
Tool**

**Screen for Other Related  
Health Conditions**

**Learn How to Provide  
Trauma-Informed Care**

**Arrange for Medical  
Assisted Treatment in  
Hospital & After Discharge**

**Provide Naloxone Kit and  
Educate About Use Before  
Discharge**

# Comprehensive Discharge Planning

15% of women received all items of the **education bundle in the last six months**

|  | Jan-Jun<br>2020 | Oct-Mar<br>2021 |
|--|-----------------|-----------------|
| % MAT & substance abuse treatment        | 66%             | 76%             |
| % Infectious/mental health comorbidities | 19%             | 37%             |
| % Narcan use                             | 8%              | 35%             |
| % NAS including non-pharm mgmt           | 51%             | 58%             |
| % Family planning                        | 53%             | 59%             |
| % Safe Sleep                             | 62%             | 87%             |
| % Postpartum depression screen           | 56%             | 69%             |
| % OB postpartum visit                    | 20%             | 27%             |
| % Healthy Start                          | 76%             | 89%             |



# Key MORE Toolbox Resource List



**MORE Toolbox Resources**  
[fpqc.org/more](http://fpqc.org/more)



| Name   | Audience                          | Description  |
|--|-----------------------------------|--|
| <a href="#">What Every OB Provider Needs to Know to Save a Mother's Life</a>             | Providers                         | Poster on Naloxone Education for providers   |
| <a href="#">Do You Know? OUD in Florida: You Can Save a Mother's Life</a>                | Providers                         | Poster on steps to take to identify & treat pregnant women with OUD  |
| <a href="#">Ask Yourself: Am I Providing Trauma Informed Care?</a>                       | Providers, Nurses, all Clinicians | Flyer with actionable steps to providing trauma informed care (TIC) for clinicians   |
| <a href="#">Prenatal, Antepartum &amp; Delivery Visit Algorithms</a>                     | Providers, Nurses                 | Describes additional screenings & referrals for pregnant women with OUD  |
| <a href="#">Provider Education Resource List</a>   | Providers, Nurses, all Clinicians | List of staff education resources organized by topic area  |
| <a href="#">Screening, Brief Intervention &amp; Referral for Treatment (Pocket Card)</a> | Providers                         | Describes impact of OUD/SUD in pregnant women, brief intervention tips, sources for additional support for treating pregnant women with OUD/SUD & Medicaid billing codes |
| <a href="#">Community Resources Mapping Tool</a>   | Providers, Nurses, all Clinicians | Developed by local HSCs. Lists local resources, contact information & eligibility limitations  |
| MORE Checklists: <a href="#">Hospital Admission</a> or <a href="#">Prenatal Care</a>     | Providers, Nurses, all Clinicians | List of additional steps necessary to assure comprehensive care for women with OUD   |
| <a href="#">Quick Start Tip Sheet</a>  | Providers                         | Suggestions to help prenatal care providers integrate screening & follow-up into their practices.  |
| <a href="#">Helping Our Parents Excel (MORE HOPE booklet)</a>                            | Patients                          | Booklet designed by clinical experts & women in recovery. Comprehensive Information for pregnant women with OUD  |
| <a href="#">Opioid safety &amp; how to use Naloxone (Brochure)</a>                       | Patients                          | Description of the importance of naloxone & how to administer  |

**Available  
in the Chat**

... AND MANY MORE



# Questions?

[fpqc@usf.edu](mailto:fpqc@usf.edu)

[www.fpqc.org](http://www.fpqc.org)

 Florida Perinatal Quality Collaborative

 YouTube Florida Perinatal Quality Collaborative

 @TheFPQC



**“To improve the health and health care of all Florida mothers & babies”**

# FHA Webinar Naloxone (Narcan<sup>®</sup>) Update December 14, 2023

John A. Armitstead, MS, RPh, CPEL, FASHP  
System Director of Pharmacy Lee Health  
Fort Myers and Cape Coral, Florida

We are thankful for the Florida Department of Children and Families for Naloxone Funding and Availability



# Poppies



*"And now my beauties, something with poison in it I think, with poison in it, but attractive to the eye and soothing to the smell . . . poppies, poppies, poppies will put them to sleep."*

—The Wicked Witch of the West, *The Wizard of Oz* (movie, released 1939)



# Naloxone – Magical Powers

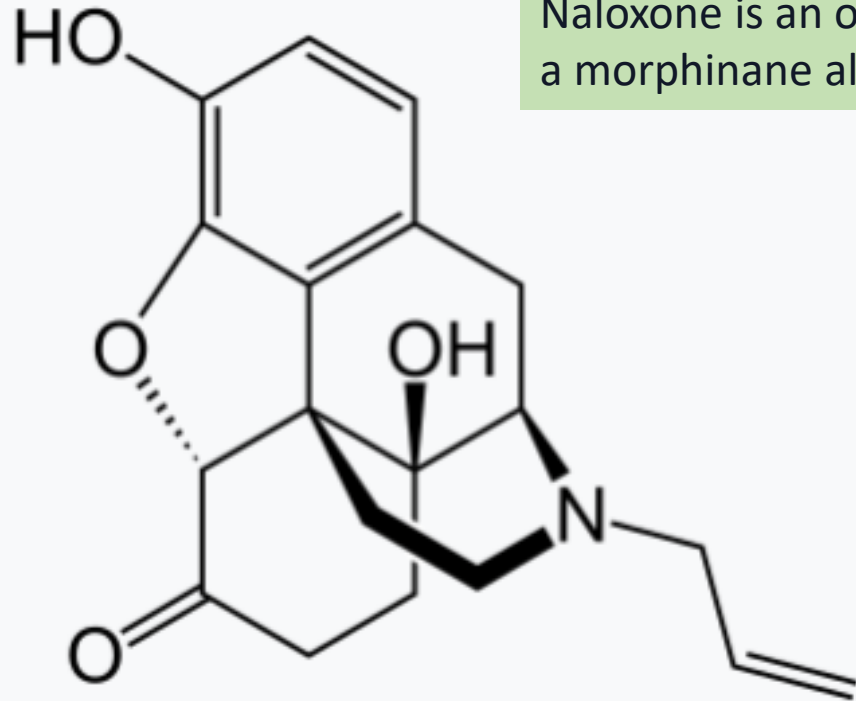


- Naloxone is a remarkable medication that possesses almost magical powers in its ability to reverse the life-threatening effects of opioid overdoses.
- This opioid receptor antagonist works by binding to the same receptors that opioids target, effectively blocking their effects and rapidly restoring normal respiratory function. In the face of a dire overdose situation, naloxone acts as a beacon of hope, swiftly reversing the depressing and potentially fatal respiratory depression caused by opioids.
- Its ability to revive individuals on the brink of death is nothing short of miraculous, earning it the moniker "opioid antidote." Naloxone's magic lies in its capacity to awaken those in the clutches of overdose, offering a second chance at life.



- In March 1961, Dr. Jack Fishman and Dr. Mozes Lewenstein applied for one of the first patents for naloxone.
- In 1971, the Food and Drug Administration (FDA) approved using naloxone to treat overdoses.

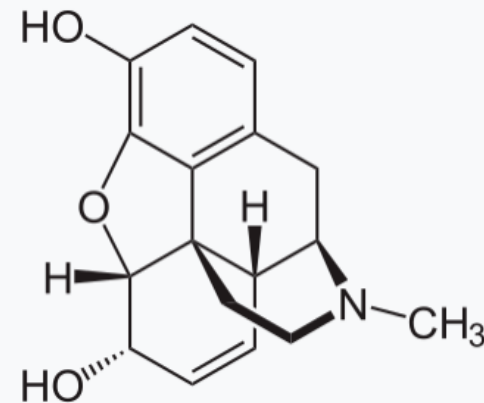
# Naloxone Chemical Structure



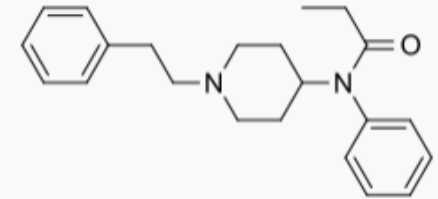
Naloxone is an organic heteropentacyclic compound, a morphinane alkaloid and a tertiary alcohol.

(4*R*,4*aS*,7*aR*,12*bS*)-4*a*,9-dihydroxy-3-prop-2-enyl-2,4,5,6,7*a*,13-hexahydro-1*H*-4,12-methanobenzofuro[3,2-*e*]isoquinolin-7-one

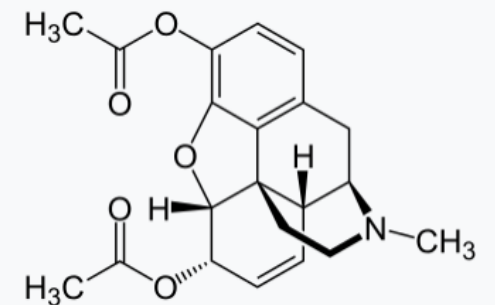
Morphine



Fentanyl



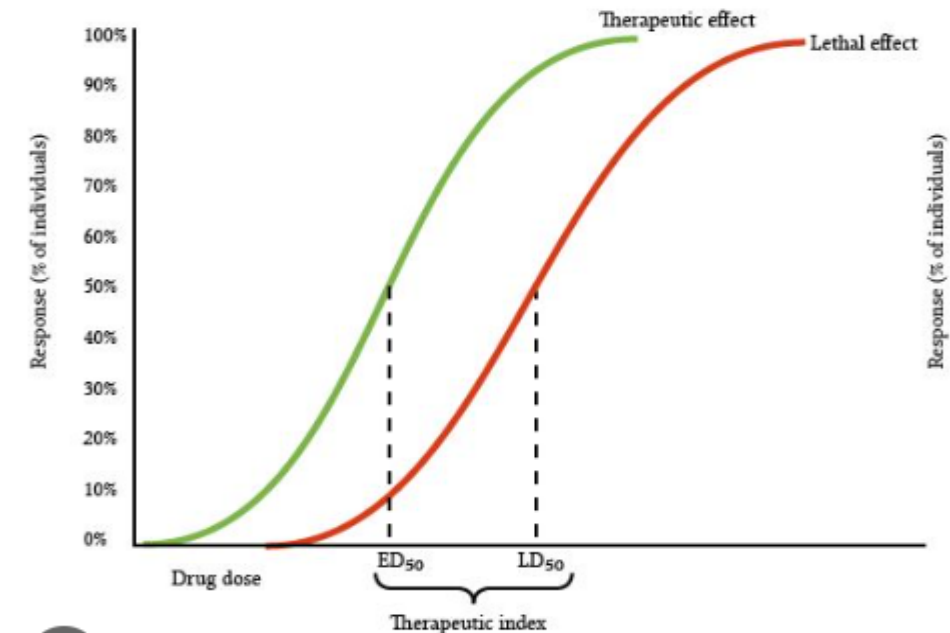
Heroin



# Naloxone - Pharmacology Simplified



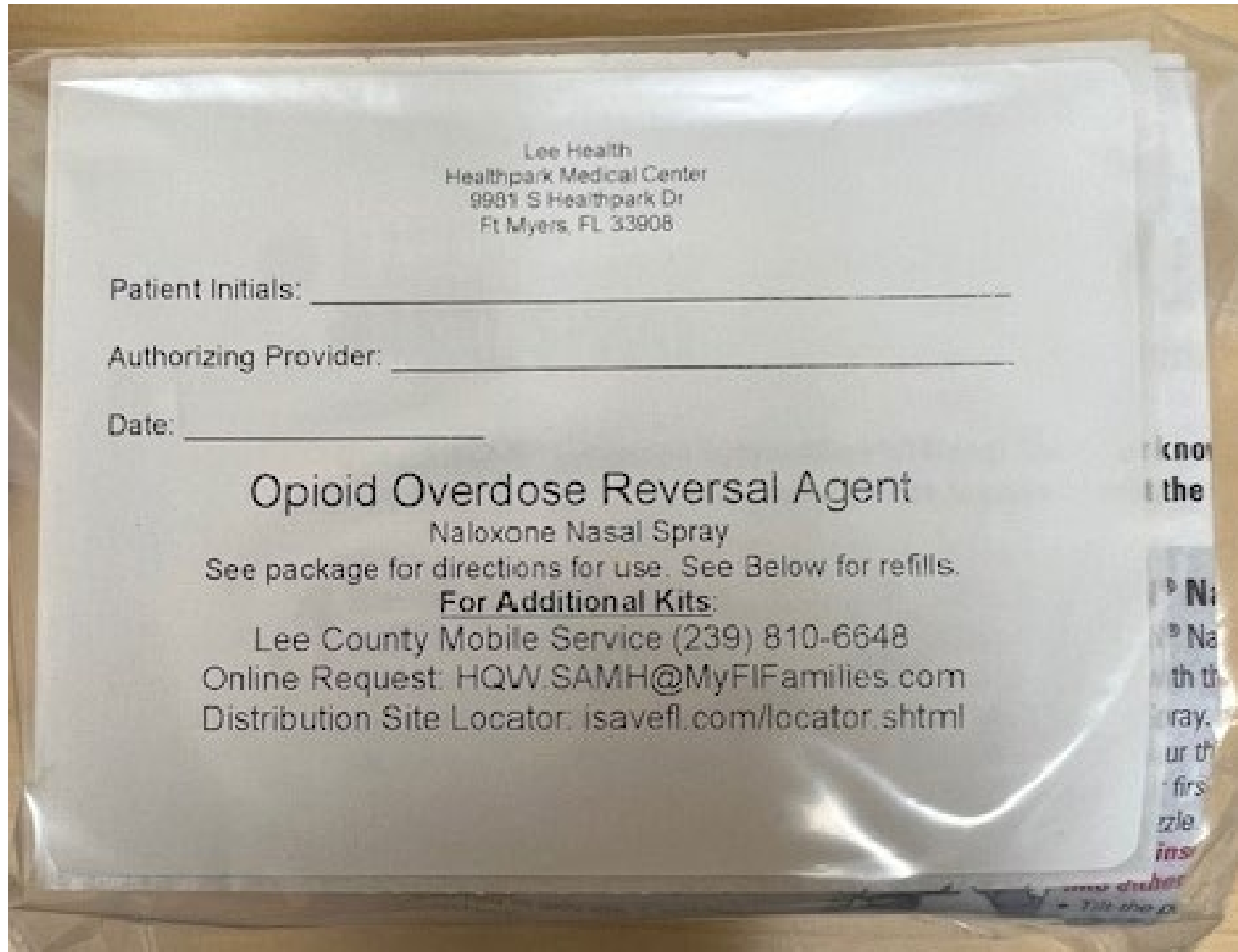
- Naloxone holds significant scientific value as an opioid receptor antagonist, primarily employed for the rapid reversal of opioid overdose.
- Its mechanism of action involves competitively binding to opioid receptors, displacing opioids and swiftly restoring normal respiratory function.
- Naloxone's pharmacological characteristics, such as its short half-life and limited bioavailability when administered intranasally or intramuscularly, contribute to its safety profile.
- Notably, naloxone exhibits minimal intrinsic pharmacological activity, reducing the risk of adverse effects.
- While the primary purpose of naloxone is to counteract opioid toxicity, its relative lack of side effects enhances its overall safety and makes it a crucial intervention in combating opioid-related emergencies without introducing additional medical complications.



# Heat Sealed Bag Label, Instructions



# Label for Ed or OB Issue





**LEE HEALTH  
POLICY & PROCEDURES**

**Emergency Department (and Labor and Delivery Protocol)**

Stocked in Automated Dispensing System

Persons to receive naloxone (“At-risk Patients”):

- Individuals with a history or admitting diagnosis of opioid misuse or opioid use disorder
- Individuals enrolled in medication-assisted treatment, including methadone, buprenorphine/Suboxone, or naltrexone/Vivitrol
- Individuals who are on a waitlist or call-back list to receive treatment for opioid use

Upon provider order, a registered nurse will vend the naloxone from the ADU, write the patient name, ordering provider and date on the label and instruct the patient on use of the product as part of the ED discharge process. Patient instruction on use of intranasal naloxone may be completed by the RN, a Pharmacist, or the ordering provider.

| NALOXONE INTRANASAL<br>EMERGENCY DEPARTMENT DISPENSING PROTOCOL                   |   | LOCATOR NUMBER                                       |                        |
|---|---|--|------------------------|
| T<br>Y<br>P<br>E  | <input type="checkbox"/> System-wide - A formal statement of values, intents (policy), and expectations (procedure) that applies to every employee throughout the System.   | CHAPTER: M03   |                        |
|   | <input checked="" type="checkbox"/> Multidisciplinary/Interdisciplinary - A formal statement of values, intents (policy), and expectations (procedure) that applies to more than one discipline and is usually of a clinical nature. Check below all areas to which this applies. | TAB: 03  |                        |
|   | <input type="checkbox"/> Departmental - A formal statement of values, intents (policy), and expectations (procedure) exclusive to a particular department or group of people within a department at one or multiple locations that does not impact any other area.                | POLICY #: 612  |                        |
| <b>Disciplines - locations to which this interdisciplinary policy applies:</b>    |   |  |                        |
| <input type="checkbox"/> Health Information Management                            | <input checked="" type="checkbox"/> Pharmacy  | <input type="checkbox"/> Acute Care Hospital Nursing |                        |
| <input type="checkbox"/> Environmental Services                                   | <input type="checkbox"/> Plant Operations   | <input type="checkbox"/> Outpatient Services         |                        |
| <input type="checkbox"/> Information Systems                                      | <input type="checkbox"/> Radiology  | <input type="checkbox"/> Home Health                 |                        |
| <input type="checkbox"/> Laboratory   | <input type="checkbox"/> Rehabilitation Services  | <input type="checkbox"/> Skilled Nursing Services    |                        |
| <input type="checkbox"/> Legal Services   | <input type="checkbox"/> Respiratory  | <input type="checkbox"/> Physician Offices           |                        |
| <input type="checkbox"/> Nutrition  | <input type="checkbox"/> Public Safety  | <input type="checkbox"/> Rehab Hospital              |                        |
| <input checked="" type="checkbox"/> ED Nursing Services                           | <input checked="" type="checkbox"/> ED Physician Services   |  |                        |
| Date Originated: 5/19   | Reviewed/No Revision: 5/20,<br>5/21, 5/22, 5/23   | Dates Revised:                                       | Next Review Date: 5/24 |
| Author(s): Peter Duggan, RPh  |   |  |                        |
| Reviewed by:  |   |  |                        |
| Clinical Practice Council:  |   | Date:  |                        |
| Clinical Education Council  |   | Education Completed: Date:                           |                        |
| Education Plan Required: <input type="checkbox"/> Yes <input type="checkbox"/> No |   | Date:  |                        |
| Approved by:  |   |  |                        |
| Policy Administrator:   |   | Date: 4/3/2023                                       |                        |
| As Needed:  |   |  |                        |
|   |   | Date:  |                        |

**PURPOSE:**

To provide access to naloxone at no cost for patients admitted to the Emergency Department (ED) for treatment and determined to be at risk of experiencing an opioid related overdose.

# Emergency Departments (5 Adult) CY 2023 Through November 499 Rescue Kits Dispensed



| Naloxone Intranasal ED Dispenses |           |           |           |           |           |           |           |           |           |           |           |             |
|----------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-------------|
| Row Labels                       | 2023-01   | 2023-02   | 2023-03   | 2023-04   | 2023-05   | 2023-06   | 2023-07   | 2023-08   | 2023-09   | 2023-10   | 2023-11   | Grand Total |
| CER (1027400)                    | 7         | 8         | 6         | 5         | 4         | 4         | 6         | 2         | 2         | 3         |           | 47          |
| EER (1098400)                    | 3         | 3         | 2         | 3         | 1         | 4         |           | 1         | 3         | 2         | 1         | 23          |
| GER (1047400)                    | 8         | 4         | 5         | 5         | 8         | 9         | 7         | 12        | 4         | 15        | 2         | 79          |
| HER (1026400)                    | 7         | 3         | 3         | 4         | 9         | 7         | 10        | 11        | 6         | 5         | 4         | 69          |
| <b>LER (1025400)</b>             | <b>41</b> | <b>34</b> | <b>30</b> | <b>23</b> | <b>27</b> | <b>37</b> | <b>22</b> | <b>14</b> | <b>15</b> | <b>24</b> | <b>14</b> | <b>281</b>  |
| <b>Grand Total</b>               | <b>66</b> | <b>52</b> | <b>46</b> | <b>40</b> | <b>49</b> | <b>61</b> | <b>45</b> | <b>40</b> | <b>30</b> | <b>49</b> | <b>21</b> | <b>499</b>  |



| Naloxone Intranasal 2023                |          |          |          |          |          |          |          |          |           |          |          |             |
|---|----------|----------|----------|----------|----------|----------|----------|----------|-----------|----------|----------|-------------|
| Sum of Total Dispenses                  | Column   |          |          |          |          |          |          |          |           |          |          |             |
| Row Labels                              | 2023-01  | 2023-02  | 2023-03  | 2023-04  | 2023-05  | 2023-06  | 2023-07  | 2023-08  | 2023-09   | 2023-10  | 2023-11  | Grand Total |
| <b>CAPE CORAL HOSPITAL (1027)</b>       | 1        | 2        | 1        | 3        | 3        | 2        | 3        |          | 4         | 2        | 2        | 23          |
| CH 2 EAST (1027517)                     |          |          |          |          |          |          |          |          | 2         |          |          | 2           |
| CH 2 ICU (1027502)                      |          |          |          | 1        |          |          |          |          |           |          |          | 1           |
| CH 2 WEST (1027552)                     |          | 1        | 1        |          |          |          | 1        |          |           |          |          | 3           |
| CH 3 CARDIAC PCU/CDU (1027598)          | 1        |          |          | 1        |          | 1        |          |          |           |          |          | 3           |
| CH 3 ICU (1027508)                      |          |          |          |          |          |          |          |          | 1         |          |          | 1           |
| CH 3 WEST MPCU (1027510)                |          |          |          |          | 1        |          |          |          |           | 1        | 1        | 3           |
| CH 4 EAST NEURO PCU (1027511)           |          |          |          | 1        |          |          | 1        |          |           |          |          | 2           |
| CH 4 NORTH NEURO PCU (1027523)          |          |          |          |          |          | 1        | 1        |          | 1         |          |          | 3           |
| CH 4 WEST PCU (1027513)                 |          | 1        |          |          | 1        |          |          |          |           | 1        | 1        | 4           |
| CH PERIOP (1027554)                     |          |          |          |          | 1        |          |          |          |           |          |          | 1           |
| <b>HEALTHPARK MEDICAL CENTER (1026)</b> | 6        | 4        | 1        | 2        | 4        | 2        | 5        | 5        | 7         | 3        | 6        | 45          |
| HP 2S (1026509)                         |          |          |          |          |          |          | 2        | 1        | 2         |          |          | 5           |
| HP 2W (1026592)                         |          |          |          |          |          |          |          |          | 1         |          |          | 1           |
| HP 3W (1026593)                         |          |          |          |          | 2        |          |          |          |           |          |          | 2           |
| <b>HP 4 BDS B (1026517)</b>             |          |          |          | 1        |          |          |          |          |           |          |          | 1           |
| <b>HP 4 BDS C (1026612)</b>             |          | 1        |          | 1        | 1        | 2        | 1        | 2        |           | 1        |          | 9           |
| HP 4 SICU (1026596)                     |          |          | 1        |          |          |          |          |          |           |          |          | 1           |
| HP 4W (1026583)                         | 1        | 3        |          |          | 1        |          | 1        | 1        | 1         |          | 1        | 9           |
| HP 5W (1026594)                         | 1        |          |          |          |          |          |          |          | 1         |          | 1        | 3           |
| HP 6 N OBSERVATION (1026618)            | 3        |          |          |          |          |          |          |          |           |          |          | 3           |
| HP 6 WEST PROG CARE (1026528)           |          |          |          |          |          |          | 1        |          |           |          | 1        | 2           |
| HP 7 WEST MED SURG (1026529)            |          |          |          |          |          |          |          | 1        | 2         | 2        | 1        | 6           |
| HP 8 WEST MED SURG (1026530)            |          |          |          |          |          |          |          |          |           |          | 1        | 1           |
| HP CATH LAB (1026031)                   |          |          |          |          |          |          |          |          |           |          | 1        | 1           |
| HP PACO (1026614)                       | 1        |          |          |          |          |          |          |          |           |          |          | 1           |
| <b>Grand Total</b>                      | <b>7</b> | <b>6</b> | <b>2</b> | <b>5</b> | <b>7</b> | <b>4</b> | <b>8</b> | <b>5</b> | <b>11</b> | <b>5</b> | <b>8</b> | <b>68</b>   |

## Labor and Delivery (2)

CY 2023 Through November

19 Rescue Kits Dispensed from OB Units

# Lee Pharmacy (Community or Retail Pharmacy Protocol)

Stocked in Lee Pharmacy

Eligible candidates are broadened

Pursuant to a prescription - can be through an authorized standing order

## LEE HEALTH PHARMACY POLICY & PROCEDURES

| NALOXONE RESCUE KIT PROTOCOL - LEE PHARMACY                                    |  | LOCATOR NUMBER                                       |
|--|--|--|
| T<br>Y<br>P<br>E   | <input type="checkbox"/> <b>System-wide</b> - A formal statement of values, intents (policy), and expectations (procedure) that applies to every employee throughout the System.   | <u>PHARMACY</u>                                      |
|  | <input type="checkbox"/> <b>Multidisciplinary/Interdisciplinary</b> - A formal statement of values, intents (policy), and expectations (procedure) that applies to more than one discipline and is usually of a clinical nature. <b>Check below all areas to which this applies.</b> | <b>CHAPTER: PH1</b>                                  |
|  | <input checked="" type="checkbox"/> <b>Departmental</b> - A formal statement of values, intents (policy), and expectations (procedure) exclusive to a particular department or group of people within a department at one or multiple locations that does not impact any other area. | <b>TAB: 02</b>                                       |
|  |  | <b>POLICY #: 012</b>                                 |
| <b>Disciplines / locations to which this interdisciplinary policy applies:</b> |  |  |
| <input type="checkbox"/> Health Information Management                         | <input checked="" type="checkbox"/> Pharmacy   | <input type="checkbox"/> Acute Care Hospital Nursing |
| <input type="checkbox"/> Environmental Services                                | <input type="checkbox"/> Plant Operations  | <input type="checkbox"/> Outpatient Services         |
| <input type="checkbox"/> Information Systems                                   | <input type="checkbox"/> Radiology   | <input type="checkbox"/> Home Health                 |
| <input type="checkbox"/> Laboratory  | <input type="checkbox"/> Rehabilitation Services   | <input type="checkbox"/> Skilled Nursing Services    |
| <input type="checkbox"/> Legal Services  | <input type="checkbox"/> Respiratory   | <input type="checkbox"/> Physician Offices           |
| <input type="checkbox"/> Nutrition   | <input type="checkbox"/> Public Safety   | <input type="checkbox"/> Rehab Hospital              |
| <b>Date Originated:</b> 3/17   | <b>Reviewed/No Revision:</b> 4/18, 3/18, 4/20, 4/21, 6/22, 6/23  | <b>Dates Revised:</b> 5/19, 6/21                     |
|  |  | <b>Next Review Date:</b> 6/24                        |
| <b>Author(s):</b> Anson Phetteplace, PharmD, CPh, DPLA; David Ondrako, MD      |  |  |
| <b>Reviewed by:</b>  |  |  |
| <b>Clinical Practice Council:</b>  |  | <b>Date:</b>   |
| <b>Clinical Education Council</b>  | <b>Yes No:</b>   | <b>Education Completed:</b>                          |
| <b>Education Required:</b> <input type="checkbox"/> <input type="checkbox"/>   |  | <b>Date:</b>   |
| <b>Approved by:</b>  |  |  |
| <b>Policy Administrator:</b>   | <b>John A. Armitstead, MS, RPh, FASHP</b>  | <b>Date:</b> 7/10/2023                               |
| <b>As Needed:</b>  |  |  |
|  |  | <b>Date:</b>   |

| NALOXONE HCL DISPENSING PROTOCOL |   |
|----------------------------------|---|
| <b>Eligible Candidates</b>       | <ul style="list-style-type: none"> <li>Persons who voluntarily request Naloxone including, but not limited to:                             <ul style="list-style-type: none"> <li>current illicit or nonmedical opioid users or persons with a history of illicit or nonmedical opioid use</li> <li>persons with a history of opioid intoxication or overdose and/or recipients of emergency medical care for acute opioid poisoning</li> <li>persons with a high dose opioid prescription (&gt;50 mg morphine equivalents per day)</li> <li>persons with an opioid prescription and known or suspected concurrent alcohol use</li> <li>persons with an opioid prescription and concurrent prescription(s) for benzodiazepines, SSRIs, or tricyclic antidepressants (TCAs)</li> <li>released prisoners from correctional facilities</li> <li>persons released from opioid detoxification and mandatory abstinence programs</li> <li>persons entering methadone maintenance treatment programs (for addiction or pain)</li> <li>persons with opioid prescription and smoking/COPD or other respiratory illness or obstruction</li> <li>persons with an opioid prescription who also suffer from renal dysfunction, hepatic disease, cardiac disease, HIV/AIDS</li> </ul> </li> </ul> |

### LEE PHARMACY NALOXONE RESCUE KIT – STANDING ORDER

**Physician of Record Authorization:**

Physician Name: \_\_\_\_\_

Lee Physician Group; Lee Health

Phone: \_\_\_\_\_

Physician FL license number: \_\_\_\_\_ Physician DEA number: \_\_\_\_\_

\_\_\_\_\_  
Date David Ondrako, M.D.

**Principle Authorized Pharmacist:**

Pharmacist Name: \_\_\_\_\_

Lee Health Pharmacy

Pharmacist FL license number: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Date Anson Phetteplace, Pharm.D.

*This authorization will be in effect for 1 year unless rescinded earlier in writing by either party. Any changes in the protocol must be agreed upon by both parties. This protocol must be renewed in writing annually.*

**Dispensing Pharmacist**

\_\_\_\_\_  
Date Print Signature

*All dispensing pharmacists will sign and maintain this document as evidence of knowledge and execution of this protocol.*

|                            |   |
|----------------------------|---|
| <b>Eligible Candidates</b> | <ul style="list-style-type: none"> <li>Caregivers who voluntarily request Naloxone</li> <li>A pain management clinic</li> <li>A harm reduction organization</li> <li>Emergency medical services technician</li> <li>First responder</li> <li>Law enforcement officer or agency</li> </ul> |
|----------------------------|---|

### PURPOSE:

Authorizing Prescriber Statement for Dispensing Naloxone Rescue Kit - Licensed pharmacists employed by the Lee Health Pharmacy, acting as delegates for a designated medical provider, according to and in compliance with and Florida Board of Pharmacy statute 381.887, F.A.C. may prescribe and dispense an emergency opioid antagonist, naloxone, to a patient or caregiver for use in accordance with this section. Pharmacists may dispense an emergency opioid antagonist pursuant to a prescription issued in the name of the patient or caregiver, which is appropriately labeled with instructions for patient use. Such patient or caregiver is authorized to store and possess

## NALOXONE HCL DISPENSING PROTOCOL

|                            |  |
|----------------------------|--|
| <b>Eligible Candidates</b> | <ul style="list-style-type: none"><li>• Persons who voluntarily request Naloxone including, but not limited to:<ul style="list-style-type: none"><li>➤ current illicit or nonmedical opioid users or persons with a history of illicit or nonmedical opioid use</li><li>➤ persons with a history of opioid intoxication or overdose and/or recipients of emergency medical care for acute opioid poisoning</li><li>➤ persons with a high dose opioid prescription (&gt;50 mg morphine equivalents per day)</li><li>➤ persons with an opioid prescription and known or suspected concurrent alcohol use</li><li>➤ persons with an opioid prescription and concurrent prescription(s) for benzodiazepines, SSRIs, or tricyclic antidepressants (TCAs)</li><li>➤ released prisoners from correctional facilities</li><li>➤ persons released from opioid detoxification and mandatory abstinence programs</li><li>➤ persons entering methadone maintenance treatment programs (for addiction or pain)</li><li>➤ persons with opioid prescription and smoking/COPD or other respiratory illness or obstruction</li><li>➤ persons with an opioid prescription who also suffer from renal dysfunction, hepatic disease, cardiac disease, HIV/AIDS</li></ul></li></ul> |
|----------------------------|--|



*Once this policy is printed, it is not considered a controlled document. Please review electronic version of this policy for the most current document.*

|                            |  |
|----------------------------|--|
| <b>Eligible Candidates</b> | <ul style="list-style-type: none"><li>• Caregivers who voluntarily request Naloxone</li><li>• A pain management clinic</li><li>• A harm reduction organization</li><li>• Emergency medical services technician</li><li>• First responder</li><li>• Law enforcement officer or agency</li></ul> |
|----------------------------|--|

LEE PHARMACY  
NALOXONE RESCUE KIT – STANDING ORDER



**Physician of Record Authorization:**

Physician Name: \_\_\_\_\_

Lee Physician Group; Lee Health

Phone: \_\_\_\_\_

Physician FL license number: \_\_\_\_\_ Physician DEA number: \_\_\_\_\_

\_\_\_\_\_

Date

*David Ondrako, M.D.*

**Principle Authorized Pharmacist:**

Pharmacist Name: \_\_\_\_\_

Lee Health Pharmacy

Pharmacist FL license number: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Date

*Anson Phetteplace, Pharm.D.*

***This authorization will be in effect for 1 year unless rescinded earlier in writing by either party. Any changes in the protocol must be agreed upon by both parties. This protocol must be renewed in writing annually.***

**Dispensing Pharmacist**

\_\_\_\_\_

Date

Print

Signature

***All dispensing pharmacists will sign and maintain this document as evidence of knowledge and execution of this protocol.***

|                   | Avg Naloxone Nasal Kits Dispensed per Month |
|-------------------|---|
| Lee Pharmacy LMH  | 17  |
| Lee Pharmacy HPMC | 7   |
| Lee Pharmacy GCMC | 17  |
| Lee Pharmacy CCH  | 10  |
| Lee Pharmacy LHCP | 1   |

# Naloxone at Lee Health



## Emergency Department

- Excellent Utilization
- Stored in Automated Dispensing Machines
- Available in Five Adult Sites
- Ordered by Provider
- Education by Nurse
- Label with Patient Initials Provider and Date
- Dispensed by Nurse

## Labor and Delivery

- Modest Utilization
- Stored in Automated Dispensing Machines
- Available in Two L/D Sites
- Ordered by Provider
- Education by Nurse
- Label with Patient Initials Provider and Date
- Dispensed by Nurse

## Lee Pharmacy (Retail)

- Excellent Utilization
- Stocked in Pharmacy
- Available in Five Adult Sites
- Standing Order by Specified Medical Authorizing Provider
- Education by Pharmacist
- Label as a Prescription
- Dispensed by Pharmacist



# FHA Webinar Naloxone (Narcan®) Update December 14, 2023



John A. Armitstead, MS, RPh, CPEL, FASHP  
System Director of Pharmacy Lee Health  
Fort Myers and Cape Coral, Florida

We are thankful for the Florida Department of Children and Families for Naloxone Funding and Availability

