

## **Opioid use and naloxone prescribing upon discharge in a metropolitan health system**

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**Background:** In 2021, 258 Iowans died of opioid overdose, a 21% increase from 2020. Naloxone is a life-saving medication for opioid overdoses. The purpose of this study was to determine current prescribing trends of naloxone for patients discharged on opioids after an inpatient admission.

**Methods:** This is a retrospective, chart-review study of adult, non-chronic opioid users admitted to the health system in January 2022 who were prescribed an opioid upon discharge. The primary endpoint was to identify naloxone prescribing opportunities for adult patients discharged on opioids after hospital admission. The MercyOne IRB approved the study; informed consent was not required.

**Results:** Overall, 1,547 adult patients were discharged in January 2022, while 288 patients (18.6%) received opioids at discharge. There were no prescriptions of naloxone provided during the time frame within the included population. The median total morphine milligram equivalent (MME) prescribed was 145 (IQR 75-210) while the median daily MME was 45 (IQR 30-45). Thirty-three patients (11.5%) received more than 50 MME per day at discharge and 23 patients (7.9%) received more than 90 MME per day. Common opioids included oxycodone (208 (72.2%)), hydrocodone products (44 (15.3%)), tramadol (34 (11.8%)), and codeine products (2 (0.7%)). Opioids were more commonly prescribed by surgical than medicine teams, 213 vs. 75 respectively.

**Conclusion:** Of the 288 patients discharged on opioids from the health system, no naloxone prescriptions were provided. Naloxone prescribing has been linked with stigma of the recipient; however, there are opportunities for increased prescribing within the health system.