Comparative Effectiveness Review Number 193

Management of Suspected Opioid Overdose with Naloxone by Emergency Medical Services Personnel



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Management of Suspected Opioid Overdose With Naloxone by Emergency Medical Services Personnel

Prepared for:

Agency for Healthcare Research and Quality U.S. Department of Health and Human Services 5600 Fishers Lane Rockville, MD 20857 www.ahrq.gov

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Prepared by:

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Key Messages

Purpose of Review

To determine optimal doses, routes of administration, and dosing strategies of naloxone for suspected opioid overdose in out-of-hospital settings, and whether transport to a hospital following successful opioid overdose reversal with naloxone is necessary.

Key Messages

- Higher concentration intranasal naloxone may be similarly effective and safe compared with intramuscular naloxone, but the available studies did not evaluate formulations approved by the Food and Drug Administration.
- While field administration of naloxone is generally effective in reversing opioid overdose, there is not strong evidence concerning differences in effectiveness between doses or routes of administration.
- More research is needed to determine optimal doses of naloxone, appropriate timing of repeat dosing, and whether it is necessary to dose patients to full consciousness.
- More research is needed to determine whether transporting patients to a hospital after successful reversal of overdose is necessary.

This report is based on research conducted by the Pacific Northwest Evidence-based Practice Center under contract to the Agency for Healthcare Research and Quality (AHRQ), Rockville, MD (Contract No. 290-2015-00009-I). The findings and conclusions in this document are those of the authors, who are responsible for its contents; the findings and conclusions do not necessarily represent the views of AHRQ. Therefore, no statement in this report should be construed as an official position of AHRQ or of the U.S. Department of Health and Human Services.

None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

The information in this report is intended to help health care decisionmakers—patients and clinicians, health system leaders, and policymakers, among others—make well-informed decisions and thereby improve the quality of health care services. This report is not intended to be a substitute for the application of clinical judgment. Anyone who makes decisions concerning the provision of clinical care should consider this report in the same way as any medical reference and in conjunction with all other pertinent information, i.e., in the context of available resources and circumstances presented by individual patients.

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This report may periodically be assessed for the currency of conclusions. If an assessment is done, the resulting surveillance report describing the methodology and findings will be found on the Effective Health Care Program Web site at www.effectivehealthcare.ahrq.gov. Search on the title of the report.

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Preface

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The Agency for Healthcare Research and Quality (AHRQ), through its Evidence-based Practice Centers (EPCs), sponsors the development of evidence reports and technology assessments to assist public- and private-sector organizations in their efforts to improve the quality of health care in the United States. The National Highway Traffic Safety Administration (NHTSA) requested and provided funding for this report.

The reports and assessments provide organizations with comprehensive, evidence-based information on common medical conditions and new health care technologies and strategies. They also identify research gaps in the selected scientific area, identify methodological and scientific weaknesses, suggest research needs, and move the field forward through an unbiased, evidence-based assessment of the available literature. The EPCs systematically review the relevant scientific literature on topics assigned to them by AHRQ and conduct additional analyses when appropriate prior to developing their reports and assessments.

To bring the broadest range of experts into the development of evidence reports and health technology assessments, AHRQ encourages the EPCs to form partnerships and enter into collaborations with other medical and research organizations. The EPCs work with these partner organizations to ensure that the evidence reports and technology assessments they produce will become building blocks for health care quality improvement projects throughout the Nation. The reports undergo peer review and public comment prior to their release as a final report.

AHRQ expects that the EPC evidence reports and technology assessments, when appropriate, will inform individual health plans, providers, and purchasers as well as the health care system as a whole by providing important information to help improve health care quality.

If you have comments on this evidence report, they may be sent by mail to the Task Order Officers (TOOs) named below at: Agency for Healthcare Research and Quality, 5600 Fishers Lane, Rockville, MD 20857, or by email to epc@ahrq.hhs.gov.

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