

When to Offer **Naloxone** to Patients in the Emergency Department

As a healthcare professional working in the emergency department, you play a critical role in ensuring patients receive naloxone,¹ by offering overdose prevention education and related training for patients, family members, and friends.²



When caring for a patient who has experienced an overdose, make an effort to determine how the overdose occurred.

For example, was the patient a household member that experienced an accidental ingestion? Or does the patient have a history of OUD? Depending on the cause, you might prescribe naloxone in the event of future overdoses³ and/or initiate treatment with buprenorphine in the emergency department and transition to ongoing treatment using a “warm handoff”.⁴

Visit CDC’s interactive training, [Addressing the Opioid Overdose Epidemic in the Emergency Department](#) for more information about initiating treatment for OUD.

You can offer naloxone to patients prescribed opioids or who are using illicit opioids.

When overdose risk factors, such as those outlined below, are present. 5,6

- Are taking higher dosages of opioids (≥ 50 morphine milligram equivalents (MME)/day)
- Have certain medical conditions such as chronic obstructive pulmonary disease (COPD) or obstructive sleep apnea which may increase their risk of overdose (regardless of opioid dose), or reduced kidney or liver function
- Have been prescribed benzodiazepines in addition to opioids (regardless of opioid dose)
- Are receiving treatment for opioid use disorder (OUD), such as methadone, buprenorphine, or naltrexone
- Have a history of overdose
- Are aged 65 years and older
- Are using illegal drugs such as heroin and/or stimulants, including methamphetamine and cocaine or pills purchased “on the street,” which could potentially be contaminated with illicit synthetic opioids like fentanyl
- Have a non-opioid substance use disorder, report excessive alcohol use, or have a mental health disorder (regardless of opioid dose)
- Have a history of opioid use and were recently released from incarceration or other controlled settings where tolerance to opioids has been lost



For more information and resources on naloxone, visit [cdc.gov/opioids/naloxone](https://www.cdc.gov/opioids/naloxone), and for drug overdose prevention, visit [cdc.gov/drugoverdose](https://www.cdc.gov/drugoverdose).

¹<https://www.cdc.gov/vitalsigns/naloxone/index.html>

²<https://www.cdc.gov/opioids/providers/training/emergency-departments.html>

³<https://www.fda.gov/drugs/drug-safety-and-availability/fda-recommends-health-care-professionals-discuss-naloxone-all-patients-when-prescribing-opioid-pain>

⁴[https://www.annemergmed.com/article/S0196-0644\(19\)30606-7/fulltext](https://www.annemergmed.com/article/S0196-0644(19)30606-7/fulltext)

⁵https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm

⁶<https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>