Improving Naloxone Co-Prescribing for Patients on Opioids in a Community Hospital Setting

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Background

- Opioid overdose remains a leading cause of preventable mortality in the U.S.
- Naloxone co-prescribing significantly reduces overdose deaths.
- Inpatient and discharge prescribing practices remain inconsistent.

Methods

Design: Pre–post quality improvement study.

Setting: Community hospital in Las Vegas

Population: High-risk opioid patients meeting CDC criteria:

- Daily opioid dose ≥50 morphine milligram equivalents.
- Concurrent use of opioids and benzodiazepines.
- Diagnosis of opioid dependence or substance use disorder.

Baseline Data: January–December 2024

Intervention: Residents completed the CDC Mini Module educational session in March 2025.

Participants: PM&R residents

Primary Outcome: Naloxone co-prescription rate.

Approved by Mountain View Hospital Research Oversight Committee.

Results

A total of **213 high-risk patients** meeting CDC criteria were identified, of whom **60.6% were female**.

During hospitalization, 96.2% of patients received opioid prescriptions.

However, only 2.3% of patients were co-prescribed naloxone during hospitalization.

At discharge, 89.7% of patients were prescribed opioids.

Only 16% of patients were discharged with a naloxone prescription.

The educational intervention was completed by 62.5% (15/24) of residents.

High-risk hospitalized patients receiving opioids were rarely co-prescribed naloxone, revealing a major missed opportunity for overdose prevention.

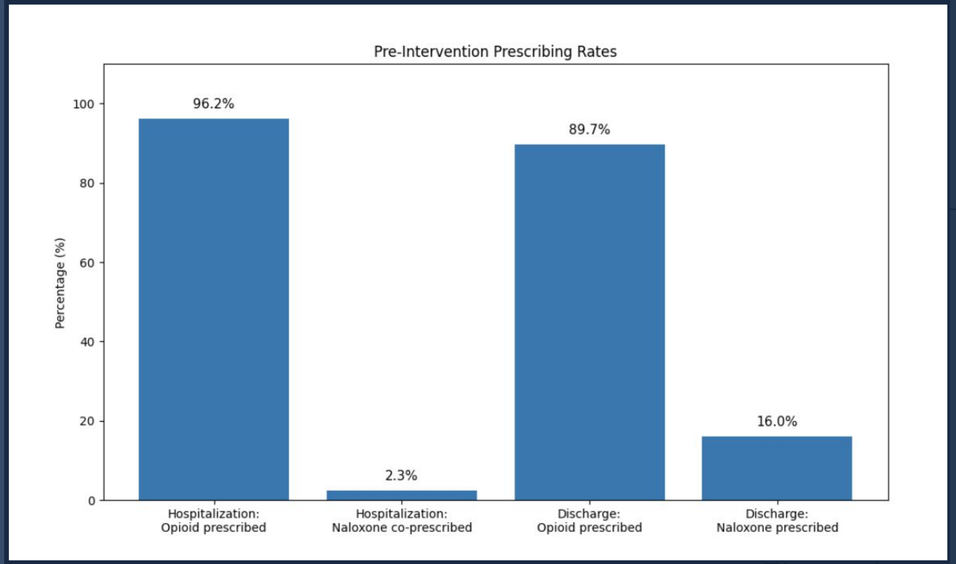

Figure 1
made with the assistance of AI

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Disucssion

- **High-risk hospitalized patients frequently receive opioid prescriptions but are rarely co-prescribed naloxone.**
- **In this study, naloxone prescribing rates were extremely low despite nearly universal opioid prescribing, highlighting a major missed opportunity for overdose prevention.**
- **Failure to prescribe naloxone to high-risk patients increases the risk of preventable opioid overdose after hospital discharge.**
- **These findings suggest that provider education may represent a scalable and low-cost strategy to improve adherence to national overdose-prevention guidelines.**
- **Standardizing naloxone co-prescribing at discharge may significantly improve patient safety.**
- **Electronic medical record prompts and resident education may serve as reproducible interventions to increase naloxone prescribing in hospitalized patients.**

Limitations and Future Plans

- This study was conducted at a single center.
- The study used a pre-post intervention design.
- Post-intervention prescribing data are currently being collected.
- Not all residents participated in the educational intervention.
- Future work will evaluate post-intervention naloxone prescribing rates.
- Implement EMR-based clinical decision support
- The intervention may be expanded hospital-wide.

References