

## **13<sup>th</sup> Annual Covenant Health Research Day Abstract Submission**

**Name:** Daniel Dabbs, BSc (Hons), BScN

**Email Address:** [ddabbs@ualberta.ca](mailto:ddabbs@ualberta.ca)

**Abstract Title:** Take Home Naloxone in the Royal Alexandra Hospital Emergency Department: Who is Offered the Kits?

**Authors:** Daniel Dabbs, BSc (Hons), BScN; Kathryn Dong, MD, MSc; Karine Lavergne, PhD; Hannah Brooks, BSc; Elaine Hyshka BA, MA, PhD

**Dept/Institute:** Department of Emergency Medicine, University of Alberta Faculty of Medicine & Dentistry; School of Public Health

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### **Abstract:**

**Introduction:** Take Home Naloxone (THN) programs prevent opioid overdose death by training laypersons to recognize an overdose and administer naloxone. Dispensing THN kits through the emergency department (ED) is particularly critical because an ED visit for opioid poisoning strongly predicts future mortality. The Royal Alexandra Hospital (RAH) implemented Alberta's largest ED-based THN program in March 2016.

**Hypothesis:** This exploratory study hypothesized that in more than 50% of ED visits for opioid poisoning a THN kit would be dispensed.

**Methods:** In partnership with the RAH ED, we conducted a retrospective chart review of all patients presenting to the ED with a primary diagnosis of opioid poisoning between April 1 2016 and April 30 2017. Data on demographics, primary opiate intoxicant, clinical characteristics and THN kit dispensing were extracted and analyzed. A random sample of 20% of charts were double-coded.

**Results:** A total of 347 ED visits for 301 unique patients occurred during the study period. 344 charts (99%) were available for data abstraction. The mean age  $\pm$  SD of patients was  $38 \pm 14$  years, and 69% were male. Findings indicate that during 49% of ED visits, a THN kit was offered. Of these visits, 73% included a THN kit dispensation. Males, unintentional overdose,

those not admitted to hospital, and patients who reported taking illicit opioids appear to be more likely to be offered a THN kit.

**Conclusion:** The RAH ED THN kit program is dispensing THN kits to a significant proportion of the population most at risk of opioid overdose. Further program adjustments are needed to ensure all eligible patients are offered a THN kit. Findings from our study will be presented to ED staff and Alberta Health Services' stakeholders to inform ongoing THN program quality improvement.