



A Novel Naloxone Training Compared to Current Recommended Training on Overdose Simulation Readiness and Results

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Background

The opioid epidemic continues to grow. In Pennsylvania alone there were 4,642 overdose deaths in 2016; which equates to 13 people per day.¹ As a response to the growing opioid overdose crisis, Pennsylvania Physician General, Dr. Rachel Levine, issued a standing order for naloxone in 2015.² Under this order, pharmacists may dispense naloxone without a prescription from a provider.

The standing order does not require the pharmacist to receive a formal training on naloxone.² However, the statutory immunity provided under Pennsylvania Act 139 does require proof of an approved training.³ Currently, Pennsylvania has a single online program available to the general public, available through a third party.

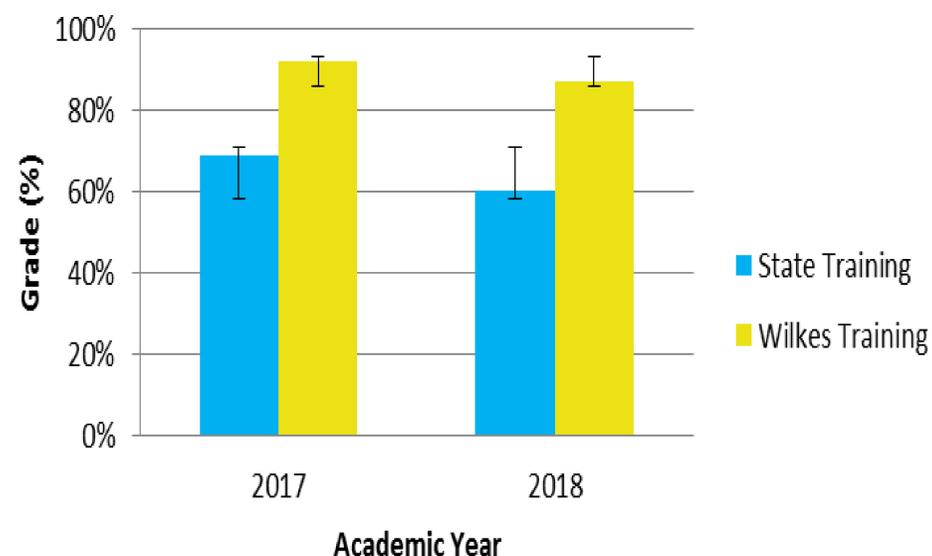
Unlike most other pharmacy related certification programs (immunization, BLS), this training does not require a live component. Furthermore, the current training does not cover stress management or use of the nasal atomizer device. The aim of this study was to determine the efficacy of a novel naloxone training program to the currently recommended training on a simulated overdose response.

Methods

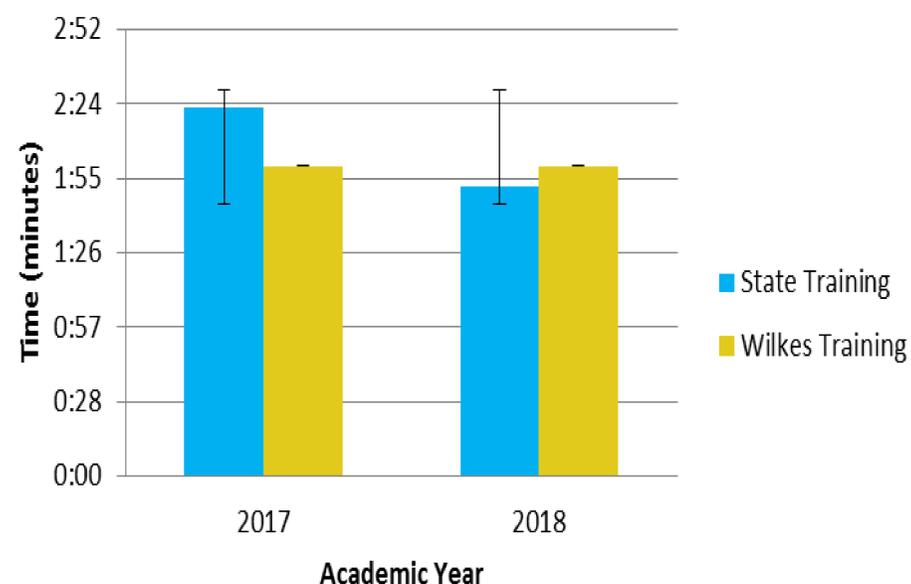
Students in their third professional year were randomized to receive either the Wilkes training or the state training. Training was provided online two days prior to their scheduled section of PHA 502, Pharmacy Care Lab. Students completed a live overdose simulation individually during the lab. During the simulation, students encountered a live patient, panicked bystander, and had to use the nasal atomizer device. The simulation was evaluated by a third party using a checklist established through the state training. Checklist score and time were compared for each group.

Results

Average Grade on Simulation Checklist



Median Time to Complete Simulation



Results

135 (97%) of participants completed the study. All students who did not complete the study were members of the state training group.

Significant differences ($p < 0.05$) seen on five checklist items: checking for a pulse, checking for signs of breathing, assembling the atomizer device, tilting the patient's head, and properly administering naloxone.

Conclusions

Students who completed the Wilkes training completed the simulation in a more appropriate and timely manner. Schools and colleges of pharmacy should consider creating simulated based assessments that best represent real life situations. Further research is needed to determine the long term efficacy of the Wilkes training.

References

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3. Pa Gov. Naloxone Saves Lives. <https://www.governor.pa.gov/blog-naloxone-what-it-is-how-to-get-it-and-how-to-use-it>. Updated 2016. Accessed June 27, 2018