

MANAGEMENT OF OPIOID OVERDOSE VICTIMS OUTSIDE THE EMERGENCY DEPARTMENT: A CASE DISCUSSION



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CE Earn Up to 7.5 Hours. See page 111.

Contribution to Emergency Nursing Practice

- The current literature on opioid overdoses indicates that victims are arriving via private vehicles to the ED requiring nurses to assume the role of first-responder: a role that nurses are currently not trained to fulfill.
- This article contributes information about the unpredictable and high-risk situations that nurses are in when providing care to overdose victims arriving via private vehicles.
- Key implications for emergency nursing practice found in this article are to bring awareness of the risks to nurses and call for further training for ED to mitigate these risks resulting in a safer working environment.

Opioid overdose is the leading cause of accidental death in the United States; approximately 115 people die every day of fatal overdoses.¹ Opioid

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overdose fatalities have increased 200% since the year 2000, and the number of persons seeking overdose-related care in the emergency department increased 30% across the entire United States.^{2,3} In 2010, there were an estimated 135,971 ED visits for opioid overdoses nationwide.⁴

In the United States, opioid-related ED visits increased 99.4% in the past decade, with some states, such as Ohio, seeing 106.4% increase.⁵ Further exacerbating ED management of the increased volume is the influx of cluster overdoses; the city of Cincinnati reported a cluster of 174 heroin overdoses in only 6 days, and nearby Louisville reported 151 overdoses in a mere 4-day span.⁶ Unlike the management of other morbidities, it is difficult to know when the next outbreak of overdoses will occur. Based upon the reporting process, this number is conservative because the data are not clean, as providers may document different diagnoses that do not always capture the overdose patient.

Potentially fatal respiratory depression is the most formidable outcome of opioid overdoses and is effectually reversible with naloxone.⁷ Although there are a number of community programs providing naloxone and education for the prevention of overdose, published evaluations indicate that people are hesitant to notify first responders. Consequently, victims are arriving at emergency departments via private vehicles, and nurses are assuming the role of first responder: a role that they are currently not trained to fulfill.⁸⁻¹¹ The opioid epidemic is placing an increased strain on emergency departments, including staffing and resources. As overdose victims are arriving at emergency departments in private vehicles, nurses often are responding to overdoses in parking lots, outside the ED walls, which changes the response from predictable to unpredictable, with concerns for staff safety.

The influx of patients presenting with opioid overdose outside the walls of the ED has been experienced repeatedly by nurses working in and around Cincinnati, Ohio, an area hard hit by the opioid epidemic. This case study will describe 1 situation that has led to a predetermined team

approach when responding to overdoses outside the traditional walls of the emergency department.

Case Study

At 7:30 pm, a personal vehicle pulls into the ambulance bay of a local emergency department. The triage nurse is asked by the driver of the vehicle to assist a friend who is unresponsive. The triage nurse proceeds to the vehicle to assess the situation. At first glance, it appears that there are 3 people in the car, but because of dim lighting at dusk, it's hard to tell. The nurse approaches the passenger door as the driver returns to the driver seat; the vehicle is still running.

As the nurse opens the vehicle front door, the passenger, a middle-aged woman, looks cyanotic and has agonal respirations. The passenger seat is partially reclined. There is a person in the back seat who has shifted down in the seat and appears to be hiding on the floor of the vehicle. The nurse feels uneasy but recognizes the acuity of the situation. The nurse suspects the patient is experiencing an opioid overdose. The nurse questions the occupants of the vehicle as to whether the person is a drug user, but neither occupant is forthcoming with an answer. The nurse notes a small bag that is tied on a leather string around the patient's neck. The nurse leans inside the car over top of the patient to release the seatbelt. The nurse then slides her left arm behind the patient's back and her right arm around the front side of the patient's chest and clasps her hands around her and drags her out of the car and onto the ground in the ED bay. Once the patient is out of the vehicle, the car pulls away with the passenger door still open and the nurse notes a gun on the floorboard of the vehicle.

Discussion

This case presentation represents an increasingly frequent occurrence. Nurses have been trained through the nursing process to assess patients both inside and outside the hospital but have had minimal training to assess response scenes for safety in regard to potential needle-stick injury, weapon hazards, or attending to patients in vehicles. This scenario requires additional assessment of the surrounding areas and the vehicle to better ensure the safety of the nurse and the persons in the vehicle.

The nurse in the scenario was able to remove the overdose victim from the vehicle with no injury, but the situation prompted the staff to ask questions about a safer process for all involved. A safer response to this case would be for the nurse to assemble a team to respond to the automobile. We recommend that at the beginning of every

shift, an overdose response team—composed of ED nurses, technicians, and security personnel—be identified; this practice has led to a more rapid and organized response.

When formulating a team, identify at least 4 persons designated to respond. A team of at least 4 people allows 2 persons to respond to the victim and 2 persons to take report from the driver or the other bystander. Designate 1 person responsible for communicating the response team actions to security or nursing staff. A team of 4 also allows for someone to return to the emergency department to get more assistance if needed. It may be difficult to identify a team of 4 persons during night shifts or in rural settings where staffing is limited; developing a plan using existing staff and strategically choosing and training the team members will increase safety.

One member of the team should be responsible for ensuring that response equipment is brought to the scene. Current recommendations for an organized opioid overdose response bag include a flashlight for searching around floorboards and responding at night, gloves for the response team, sharps-resistant gloves, a bag valve mask to assist with ventilation, masks, naloxone, and a lift/transfer device.¹² It is recommended that the bag be close to the ED entrance and exit doors so it is easily and readily accessible.

The first safety priority is to ensure that the vehicle is turned off. Ask the driver to turn off the car and put the keys on the roof of the vehicle. With the vehicle running, there is an increased chance of injury when removing persons from the car, as the vehicle could accidentally be pushed into gear. Given the fear of legal prosecution for illicit opioids, often the drivers are in get-away mode. Having the vehicle off allows the team time to remove the person from the car and decreases the risk for injury.

Once the vehicle is turned off, the overdose response team members can ask the other occupants to get out of the car and stand back so they are visible to the response team. Occupants in the vehicle pose a potential risk to the nurse, especially if there is access to weapons such as firearms or knives. In the scenario described here, assessing the situation before attempting to remove the patient from the vehicle would have allowed the gun to be removed carefully from the vehicle. The positioning of the gun between the victim's feet posed great risk to the nurse.

Key considerations for removing the victim from the car include assistance from a team to reduce injury, use of devices to assist with transfer from the car, and using caution when preparing the victim for removal. Exercising extreme caution when leaning into a vehicle is paramount for staff safety. The bag around the opioid overdose victim's neck could have contained opioids and leaning over or disturbing

the bag during transfer would increase the risk for potential inhalation or cutaneous exposure.

Because opioids are often injected, there is also a risk for sharps to be in or near the victim. Sharps may be found in the bra straps of women, on the seat, or around the floorboard of the vehicle. The use of cut- or puncture-resistant gloves would minimize needle-stick injury. The rescue team should use extreme caution when reaching into the car, around the floor, or near the seatbelt buckle. The area should be assessed for sharps before any intervention.

Once the vehicle has been deemed safe, the seatbelt can be released or the seat can be repositioned to assist with removing the victim. Rescue breaths can be administered with a bag-valve mask before removing the victim from the vehicle if indicated. Based upon the rescue team's assessment, 1 or 2 persons should grasp the victim's clothing or under the arms while supporting the head to transfer the victim to a lift-assist device. Care should be taken to minimize contact with the overdose victim until the patient is safely transported to an ED room.

Implications for Emergency Nurses

In the past, when emergency nurses were asked to go outside of the walls of the emergency department to retrieve an unconscious patient from a private vehicle, it was likely cardiopulmonary arrest. With the increase in opioid overdoses over the past decade, the dynamic has changed. Now the likelihood is that the unconscious patient is experiencing an opioid overdose. This places ED nurses in situations for which they may have little to no training in assessing the situation from a safety perspective.

This clinical paper applies a case scenario that allows ED nurses to assess scene safety to decrease risks. ED nurses should be sure to "be SAFE": **S**et the scene; **S**low down; **A**ssess for type of drugs used, needles, and substances on clothing; **F**ollow a lift protocol; and **F**ind team members to assist and **E**quip themselves with the proper equipment to perform the job at hand safely. Consistent with its mission of "Safe practice, safe care," the Emergency Nurses Association has recently created an infographic on this topic, available at: www.ena.org/practice-resources/resource-library/.

Conclusion

This clinical paper presents a situation that has become increasingly common in the emergency department. Although nurses are qualified and trained to manage the symptoms of opioid overdose, responding to opioid overdoses outside the traditional walls of the emergency

department places the nurse and the patient/victim at an increased risk for injury. Nurses should receive additional training in an effort to mitigate this risk. Training must include scene safety, sample questions to ask bystanders to determine potential risks regarding the victim's exposure to lift and transfer procedures from personal vehicles, and protocols for providing oxygen and naloxone outside the hospital.

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