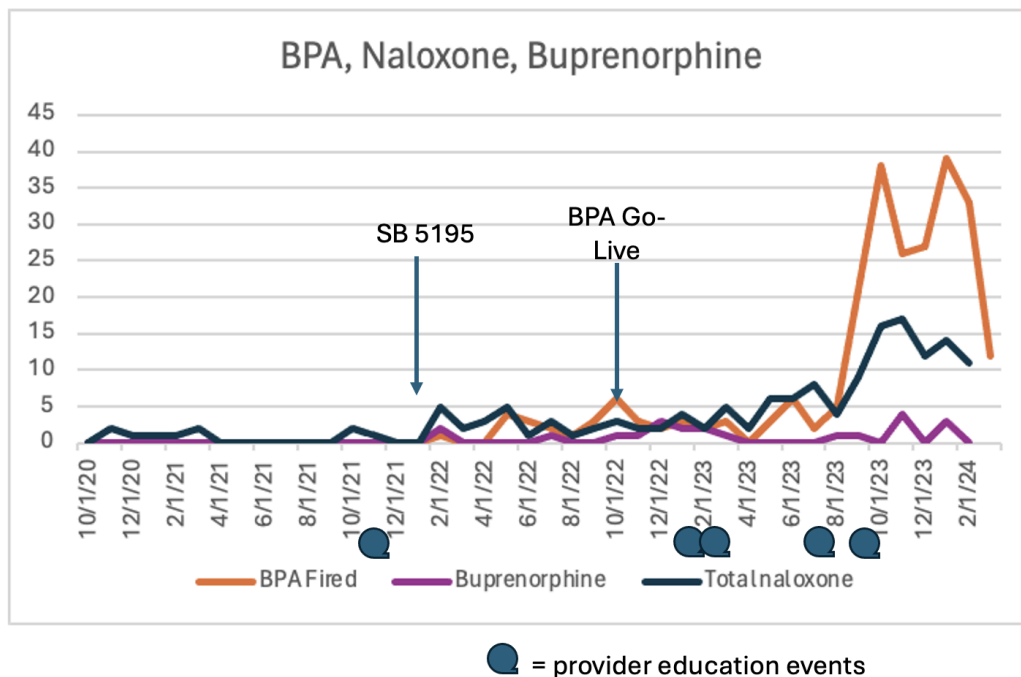


Faculty Research Day Abstract:

Background: King County, Washington is #6 of all counties in the nation for adolescent overdose deaths. The majority of those are from opioids such as illicitly manufactured fentanyl. In recent years deaths have increased from 5 per year to 22 per year in the county.

Intervention: A passive screening program was implemented for all adolescents age 13 and over that registered at a pediatric emergency department (ED). 12 chief complaints were selected that would trigger a Best Practices Alert (BPA) that would indicate a need for potential further screening and provision of naloxone. All faculty and nursing staff underwent training on naloxone and buprenorphine. In the broader context, the state of Washington implemented a law requiring the dispensation of naloxone to all ED patients who were at risk.

Results Once implemented, the BPA fired an average of 32.6 times per month. Rates of naloxone dispensation and prescribing increased from 0 per month at the beginning of the intervention period to 14 per month most recently. Buprenorphine prescribing rates went from 0 per month to 1.25 per month. The BPA did not increase disparities amongst people getting medications. It did increase length of stay in the ED, but provision of naloxone decreased the odds of repeat visits at 30, 60, and 90 days.



Conclusion: Passive screening for adolescents who are at risk for harms from opioid abuse in the emergency department increases the use of potentially life saving medications. Although there is no evidence of causation, during the first year of this intervention, adolescent opioid

overdose deaths decreased while they increased for every other demographic in the county. There are a host of factors that can influence naloxone, and to a lesser extent, buprenorphine prescribing in the emergency department. Provider education, BPA alerts, institutional protocols, and state laws all have impacts on the use of these medications. In our data there was no evidence that these tools increased disparities in a statistically significant way, but this needs to be monitored to see if trends towards disparities worsen. Our data show that this group of patients may require longer stays in the emergency department but are at lower risk of needing to return if given naloxone.