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**LONG-TERM OPIOIDS AND NALOXONE
ADMINISTRATION IN A DISTRICT GENERAL HOSPITAL**Caroline Facey, David Brooks. *Chesterfield Royal Hospital, Chesterfield, UK*

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Background Respiratory depression is a known side effect of opioid medications. Naloxone is an opioid antagonist used in the reversal of opioid overdose. The use of naloxone in patients on long-term opioids can lead to refractory pain and opioid withdrawal.

Objectives To determine the number of patients on long term opioids, admitted either electively or as an emergency, given naloxone in a district general hospital. To determine if naloxone use is in line with local guidance, which recommends naloxone should be administered to patients with respiratory depression, evidenced by a respiratory rate less than 8 and oxygen saturations less than 85%.

Method A retrospective audit for all patients administered naloxone over a 12 month period (January–December 2012) at Chesterfield Royal Hospital.

Results A total of 21 patients on long-term opioids were administered naloxone. Of the 21 patients in whom naloxone was administered, 2 patients had had an opioid dose increase during their hospital stay and 4 patients had been given additional opioid. Of the 21 patients, 1 patient given naloxone had documented evidence of respiratory depression. 7 of patients given naloxone had no documentation to support respiratory depression while 13 of the patients given naloxone had documentation that supported no respiratory depression.

Conclusion Current practice compared to the local guideline is not satisfactory. Patients on long-term opioids, without respiratory depression, are being given naloxone, which could lead to refractory pain. The main areas identified for improvement are staff education and changes to the electronic prescribing system. This would include an opioid reversal bundle with recommended guidance for evidence of respiratory depression.