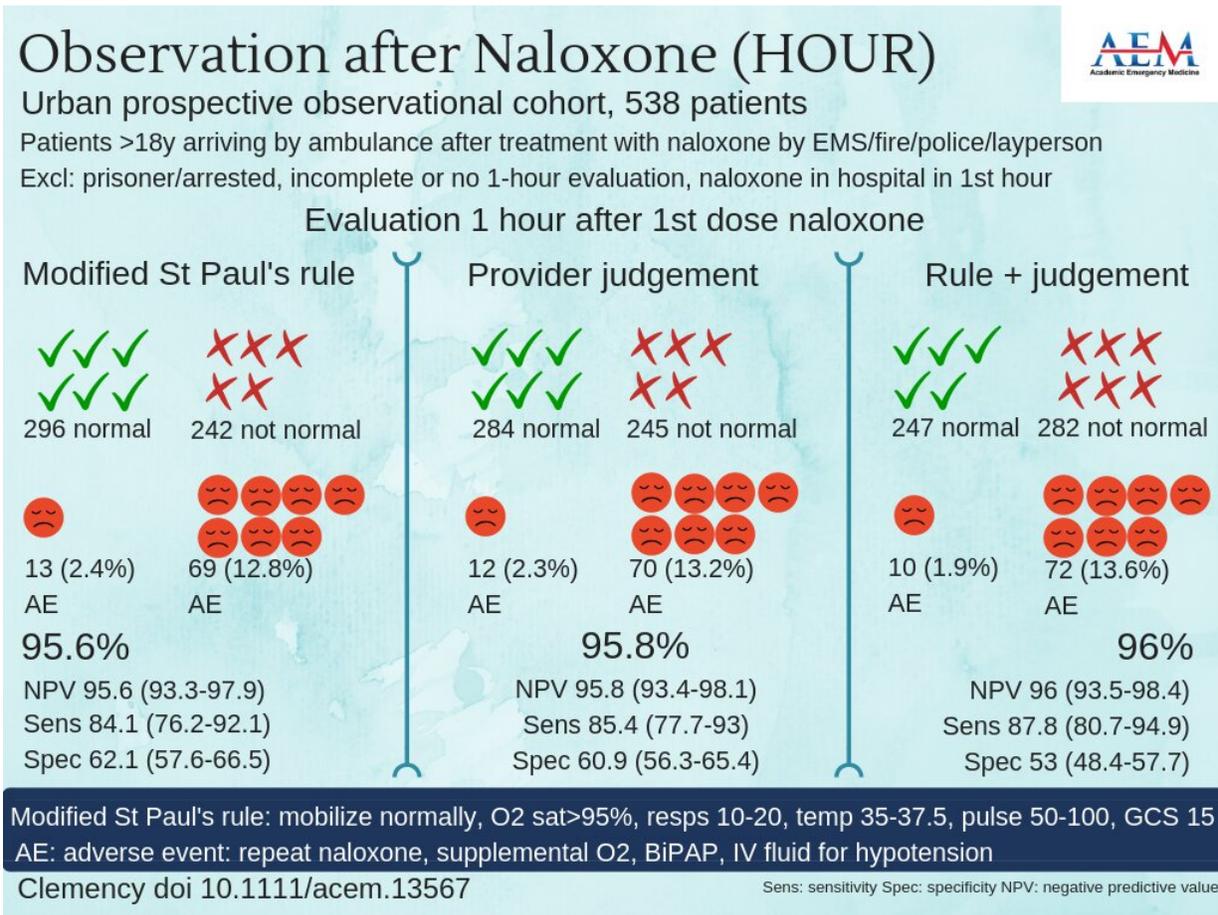


Study confirms one-hour discharge rule for patients given naloxone after opiate overdose

January 22 2019



Urban prospective observational cohort, 538 patients. Credit: KIRSTY CHALLEN, B.SC., MBCHB, MRES, PH.D., LANCASHIRE TEACHING HOSPITALS, UNITED KINGDOM.

Suspected opioid overdose patients treated with naloxone are safe for discharge from the emergency department after one hour. That is the conclusion of a study to be published in the January 2019 issue of *Academic Emergency Medicine* (AEM), a journal of the Society for Academic Emergency Medicine (SAEM).

The study is the first to clinically assess the St. Paul's Early Discharge Rule, developed in 2000 at St. Paul's Hospital in Vancouver, British Columbia, Canada.

The lead author of the study is Brian Clemency, DO, associate professor of emergency medicine in the Jacobs School of Medicine and Biomedical Sciences at UB and an attending physician specializing in emergency medicine at Erie County Medical Center. He also is a physician with UBMD Emergency Medicine. The findings of the study are discussed in a recent AEM podcast, "[Wake Me Up Before You Go-Go: Using the HOUR Rule.](#)"

The study findings indicate that the rule may be used to predict which patients are likely to be at [high risk](#) for adverse outcomes after opiate overdose.

The authors reported that adverse events seen in patients with normal examinations after receiving naloxone for parenteral opiate [overdose](#) were minor and unlikely to be life-threatening.

The study suggests the rule works when naloxone is administered intranasally and in a population where synthetic opioids are more common than in the original study.

The authors recommend further study to determine the exact performance characteristics of the rule in the context of overdoses of various drugs, drug combinations, and routes of administration

subgroups.

Commenting on the study is Gary Vilke, MD, professor of clinical emergency medicine at the University of California, San Diego (UCSD) in the department of emergency medicine and former chief of staff for the UCSD Medical Center. Dr. Vilke also serves as the medical director for risk management at UC San Diego Health and is the vice chair for clinical operations for the emergency department:

"This study is an important addition to the [emergency medicine](#) literature as it evaluates a clinical support rule to define who can be safely discharged from the [emergency](#) department after only an hour of observation following prehospital naloxone use with minimal risk for a subsequent adverse event. This is obviously important for [emergency department](#) capacity and throughput issues. But more importantly, with our current opioid crisis, this study stratifies outcomes of the use of intranasal naloxone in both traditional IV heroin overdoses and oral opioid overdoses, using the data to create a practical prediction rule."

More information: Brian M. Clemency et al, Hospital Observation Upon Reversal (HOUR) With Naloxone: A Prospective Clinical Prediction Rule Validation Study, *Academic Emergency Medicine* (2018). [DOI: 10.1111/acem.13567](https://doi.org/10.1111/acem.13567)

Provided by Society for Academic Emergency Medicine

Citation: Study confirms one-hour discharge rule for patients given naloxone after opiate overdose (2019, January 22) retrieved 10 May 2024 from <https://medicalxpress.com/news/2019-01-one-hour-discharge-patients-naloxone-opiate.html>

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