



Opioid Overdose and Naloxone Educational Training among Accelerated Bachelor of Science in Nursing Students and Faculty

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ABSTRACT



Statement of the Problem: Drug overdose is the leading cause of injury-related death in the United States, with opioids accounting for the vast majority of cases. Opioid overdose prevention programs that provide overdose education and naloxone distribution are effective strategies to reverse fatalities and are the leading interventions to address this public health problem. The purpose of this quality improvement (QI) project is to (1) determine if opioid overdose educational training improves the knowledge of nursing students and faculty regarding the prevention, recognition, and response to opioid overdose, and (2) enhance naloxone distribution efforts.

Approach: This is an evidenced-based QI project evaluating the baseline and post-intervention knowledge of opioid overdose and naloxone among nursing students and faculty. Project recruitment and data collection occurred over two weeks in early October 2022 with voluntary and anonymous involvement. Each participant completed a demographic form and pre and post-tests using the validated and shortened version of the Opioid Overdose Knowledge Scale (OOKS). Domains of proficiency measured included opioid overdose risk factors, clinical manifestations, rescue interventions, and naloxone use. The intervention consisted of an opioid overdose and naloxone educational presentation, including an immersive emergency response simulation video that concluded with resources to obtain naloxone.

Findings: The sample included 33 nursing students and faculty with a mean age of 30. Ten (31.3%) had previously completed an opioid overdose program, and 4 (12.5%) had experience administering naloxone. There was a statistically significant difference between pre- and post-test knowledge of opioid overdose clinical manifestations ($p < 0.0001$), overdose management ($p = .002$), naloxone administration ($p = 0.003$), and duration of action ($p < 0.0001$). Additionally, there was an increase in participants who reported obtaining naloxone following the educational training ($p = 0.0007$). However, knowledge differences for other naloxone topics, including therapeutic use, onset, rescue interventions, and opioid overdose risk factors, were not statistically significant.

Conclusion and Implications: Opioid overdose and naloxone education, including immersive rescue simulation and resources for obtaining naloxone, was effective for building knowledge about opioid overdose signs, interventions, and naloxone administration, and increased the number of nursing students and faculty equipped with naloxone, empowering them to act during an opioid crisis.

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COMPETING INTERESTS

The author has no competing interests to declare.

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