

MONTH/DAY/YEAR

PROVIDER NAME
PROVIDER ADDRESS
CITY, STATE, ZIP CODE



RE: (PATIENT'S FIRST AND LAST NAME, DOB), **NON-FATAL OPIOID OVERDOSE**

Dear PROVIDER (LAST NAME AND DESIGNATED CREDENTIALS),

Your patient (PATIENT'S FIRST AND LAST NAME) was treated for a non-fatal opioid overdose at (HEALTHCARE FACILITY'S NAME) on (MONTH/DAY/YEAR). Using data from the Prescription Monitoring Program and the Emergency Department Information Exchange, you were identified as either the primary care provider for this patient or someone who prescribed a controlled substance to this patient during the X months before the patient's overdose. We are not certain whether your prescribing contributed to this patient's overdose but want you to be aware of this outcome.

We encourage you to have a face-to-face visit with this patient as soon as possible to reassess the current medications and pain management plan, and educate the patient on the risks of opioids. Patients treated for opioid overdoses are at high risk of future overdose (non-fatal and fatal). To reduce the chance of future harm, we urge you to:

- ✓ Follow opioid prescribing guidelines available at: <http://www.agencymeddirectors.wa.gov/>, <http://www.coperems.org> and <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>.
Recommendations include:
 - ✓ Prescribe opioids for chronic pain only if benefits for both pain and function outweigh risks to the patient. Risks of opioid use include abuse, addiction and overdose.
 - ✓ Prescribe the lowest effective dose of opioids for the shortest duration of time necessary to treat acute pain.
 - ✓ Avoid co-prescribing opioids, benzodiazepines, or other sedatives. Combining opioids with sedatives increases the risk of an overdose.
- ✓ Query the Prescription Monitoring database to ensure patients are not receiving controlled substances from multiple prescribers. To register for the system, see www.doh.wa.gov/pmp.
- ✓ Provide overdose education and naloxone to the patient. See www.stopoverdose.org
- ✓ Learn how to recognize and treat opioid use disorder. Offer or refer patients with opioid use disorder to evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies). See <https://www.samhsa.gov/medication-assisted-treatment/treatment>

Thank you for your commitment to providing high-quality healthcare to people who live in Washington State. If you have any questions about this letter, please contact **XXXXXX** at the Washington State Department of Health.

Sincerely,

Kathy Lofy, MD
State Health Officer / Chief Science Officer
Washington State Department of Health