NURSING SERVICE GUIDELINES
OUTPATIENT RECOVERY SERVICES

Guideline: **Medication Assisted Treatment (MAT) - Naltrexone**

Policy Number Superseded:

Responsibility: All treating providers in the Recovery Services department.

Purpose of Guideline: To establish a process for clients who have been referred for MAT services, specifically with the use of Naltrexone.

Effective Date:
November 2025

Initial Effective Date:
November 2019

Procedure:

(A) When as the result of the Diagnostic Assessment / Psychiatric Evaluation and the use of Naltrexone has been recommended, the following steps will occur. Client will be linked with corresponding Level of care (LOC) services.

(B) Naltrexone requires that the client be negative /abstinent for both opioids and alcohol for a period of at least 7-10 days in order to avoid precipitated withdrawal. The client must be negative for or abstinent from Buprenorphine at least 14 days, and Methadone for 30 days.

(C) Clients will be provided education on the medication and encouraged to wear an alert bracelet or necklace in the case of being rendered unconscious and needing medical care.

(D) Vital signs and Clinical Opiate Withdrawal Scale (COWS) assessment are collected and documented within the clinical record.

(E) Client will complete the following tests as ordered by a licensed physician: CBC with Diff, CMP, TSH, Lipid Profile, HCG, Hepatitis and HIV, EKG.

(F) A Urine drug screen will be completed and results documented within the clinical record:

(1) If the client is negative for opioids the Naltrexone Challenge will be

initiated.

(2) If the client tests positive for opioids or is manifesting signs of opiate withdrawal, Naltrexone therapy should not be attempted.

(G) The Naltrexone Challenge should be closely monitored for the appearance of manifestations of opiate withdrawal and vital signs should be monitored.

(H) If manifestations of opiate withdrawal are evident following the Naltrexone Challenge test, do not begin Naltrexone therapy.

(I) If evidence of withdrawal is absent, Naltrexone therapy may be initiated either in pill form or by injection.

(J) Liver function tests (LFT) and pregnancy tests (for women of childbearing age) will be ordered periodically throughout care. Results with elevated enzyme levels will be monitored more closely at a rate set by prescriber.

(K) Client will see the doctor initially every 2-4 weeks for 2 months, then once a month, unless specified otherwise by prescriber.

(L) If patient tests positive on drug screens while already receiving medication, the following should be utilized as treatment interventions:

(1) THC - Continue prescription with contract requiring that levels decrease. Failure to have decreasing levels (within 2 weeks) or breaking of this contract may result in cessation of medication.

(2) Cocaine - Continue prescription with contract requiring cessation of cocaine and compliance with other treatment services.

(3) Opiates - Halt prescription until client tests negative for opiate/opioid use for at least 7 days. If they are already exhibiting withdrawal, symptomatic treatment should be offered for nausea until they test negative.

(4) Benzodiazepines - Halt prescription. If engaged in treatment services, consider prescribing when urine drug screen is negative. If non-engaged, refer to clinical provider for contract and treatment services.

(M) If known false positive, prescription may be continued at the discretion of the

provider. If appropriate, medication adjustments may be made.

(1) Other substances - Continue prescription with contract requiring that levels decrease. Failure to have decreasing levels or breaking of this contract results in taper of Naltrexone.

(N) Resources: SAMHSA

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