



PATIENT DISCHARGE INSTRUCTIONS

What You Need to Know:

- Vivitrol® contains extended-release naltrexone and is an opioid blocker. It decreases cravings and helps to prevent relapse to opioids. It is very effective in treating opioid use disorder. Naltrexone blocks all opioid receptors in your brain so you will not get the same "high" feeling from opioids. The effects from the naltrexone injection last for up to 28 days. You will need to get a repeat naltrexone injection every 28 days if not earlier. If you start having intense cravings or relapse before day 28, then it is essential that you let your treatment team know, as the injection can be given sooner than 28 days if needed.
- It can take a couple weeks to get used to naltrexone after the first injection. You might continue to experience mild protracted (post-detox) withdrawal symptoms such as fatigue, anxiety, diarrhea, or difficulty sleeping. If you experience these symptoms, they typically only last 2 weeks and rarely occur with following injections. You will be discharged with medications to help with these symptoms in case they present after receiving your first naltrexone injection.
- There are many advantages to being on injectable naltrexone:
 - You should be protected against opioid relapse for an entire month.
 - The risk of overdose and death is reduced, as long as enough of the medication is in your system.
 - You should spend less time thinking about finding or using opioids.
 - You do not need to remember taking medication every day.
 - Naltrexone itself has few side effects. It is not a "controlled substance".
- If you stop naltrexone injections, you will be at high risk for relapse and overdose. Your tolerance to opioids will be back at zero! Even small amounts of opioids can result in overdose. This risk is even greater now that synthetic opioids like fentanyl are in the heroin and illicit opioids supply. Fentanyl is nearly 100 times stronger than morphine.
- If you discontinue naltrexone injections and return to opioid or other substance use, do not use alone and have a naloxone rescue kit available in the event of an overdose. Avoid combining opioids with other substances, and use a smaller dose as a first test dose (start low and go slow) because there may be strong synthetic opioids in the supply. Socially distance with peers in use settings, wear masks, wash hands, and if injecting use clean needles.





Call 911 or have someone else call if:

- Your breathing becomes slow or shallow.
- Your skin becomes pale and your fingernails and lips are turning blue.

Clinician Signature: _____ Date : ___/___/

- Your speech is slurred, or you are confused.
- You are extremely drowsy and cannot stay awake.
- You feel unsafe or have acute medical concerns.

Follow-Up Appointment:
Date: Time: with Clinician:
Location: Phone:
Date of next Vivitrol injection:
Patient Checklist:
\Box I understand that medications for opioid use disorder are recommended for treatment. If I decide to stop
naltrexone injections, I should speak with my provider and consider other treatments like methadone or
buprenorphine.
$\hfill \square$ I understand that I am at increased risk of relapse and overdose death if I discontinue naltrexone
injections and do not start buprenorphine or methadone treatment.
\square I have a naloxone kit and understand how to give naloxone to reverse an opioid overdose.
\Box I have a follow-up appointment and the date of my next naltrexone injection (+ wallet card).
\square I have received short-term prescriptions for mild opioid withdrawal symptoms that may occur after my
first naltrexone injection. These include but are not limited to:
 Clonidine as needed for mild opioid withdrawal symptoms
 Clonazepam or other benzodiazepine as needed to help with anxiety/restlessness
 Prochlorperazine as needed to help with nausea/vomiting
 Trazodone or other medication to help with difficulty sleeping
Patient Name (please print):
Patient Signature: Date :/
Clinician Name (please print):