

# **Opiate Overdose Treatment: Naloxone Training Protocol**

As of October 6, 2017, training oversight is not required, although it is recommended that a healthcare professional or pharmacist be involved as needed for basic education on naloxone and overdose. As required per rule, a pharmacist provides patient counseling prior to dispensing naloxone.

## **I. Signs and symptoms of opiate overdose**

The signs and symptoms of opiate overdose include:

- Unresponsiveness to yelling or stimulation, like rubbing your knuckles up and down the person's sternum, or breast bone (also called a sternum rub) [This symptom effectively draws the line between overdosing and being really high but not overdosing.]
- Slow, shallow, or no breathing
- Pulse (heartbeat) is slow, erratic, or not there at all
- Turning pale, blue or gray (especially lips and fingernails)
- Snoring/gurgling/choking sounds
- Body very limp
- Vomiting

## **II. Opiate overdose treatment overview**

1. Check for a response.
2. Call 911.
3. Start chest compressions.
4. Administer naloxone.
5. Resume chest compressions with rescue breathing if the person has not yet started breathing.
6. Conduct follow-up – administer a second dose of naloxone if no response after 3 minutes and resume chest compressions with rescue breathing.
7. If naloxone is administered, provide details to emergency medical services.

### III. Responding to an opiate overdose

#### 1. Check for responsiveness.

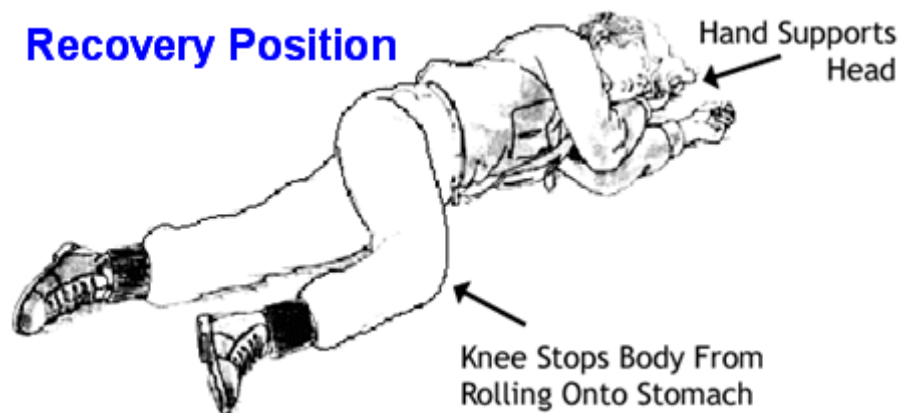
- a. Yell.
- b. Give a sternum rub. Make a fist and rake your knuckles hard up and down the front of the person's sternum (breast bone). This is sometimes enough to wake the person up.
- c. Check for breathing. See if the person's chest rises and falls and put your ear near the person's face to listen and feel for breaths.
- d. If the person does not respond or is not breathing, proceed with the steps listed below.

#### 2. Call 911. If you have to leave the person, put the person in the **recovery position**.\*

- a. State that someone is unconscious due to suspected overdose and indicate if the person is not breathing. (If you call police or 911 to get help for someone having a drug overdose, Oregon's Good Samaritan Law protects you from being arrested or prosecuted for drug-related charges or probation or parole violations based on information provided to emergency responders.)
- b. Give the address and location.
- c. Be aware that complications may arise in overdose cases. Naloxone only works on opiates, and the person may have overdosed on something else, e.g., alcohol or benzodiazepines. **Emergency medical services are critical.**

#### \*Recovery position:

- a. Roll the person over slightly on the person's side.
- b. Bend the top knee.
- c. Put the person's top hand under the person's head to support it.
- d. This position should keep the person from rolling onto his/her stomach or back, so the person does not choke if he/she vomits.



3. **(A) Start chest compressions with rescue breathing (CPR).**

- a. Place heel of one hand over center of person's chest.
- b. Place other hand on top of first hand, keeping elbows straight with shoulders directly above hands.
- c. Use body weight to push straight down, at least 2 inches, at rate of 100 compressions per minute.
- d. Give 2 breaths for every 30 compressions.
- e. CPR should be performed for 5 rounds (2 breaths for every 30 compressions), or for approximately 2 minutes, before reassessing.



*Image courtesy of Nursing411.org*

OR

**(B) If overdose is witnessed, i.e., you see the person stop breathing, or you are sure it is overdose due to personal knowledge of the person or situation, you have the option to start rescue breathing.** Be aware when you call 911 that they may instruct you to perform CPR as well.

- a. Check the person's airway for obstructions and remove any obstructions that can be seen
- b. Tilt the person's forehead back and lift chin – see diagram below.
- c. Pinch the person's nose and give normal breaths – not quick and not overly powerful breaths.
- d. Give one breath every five seconds.
- e. Continue rescue breathing for approximately 30 seconds.



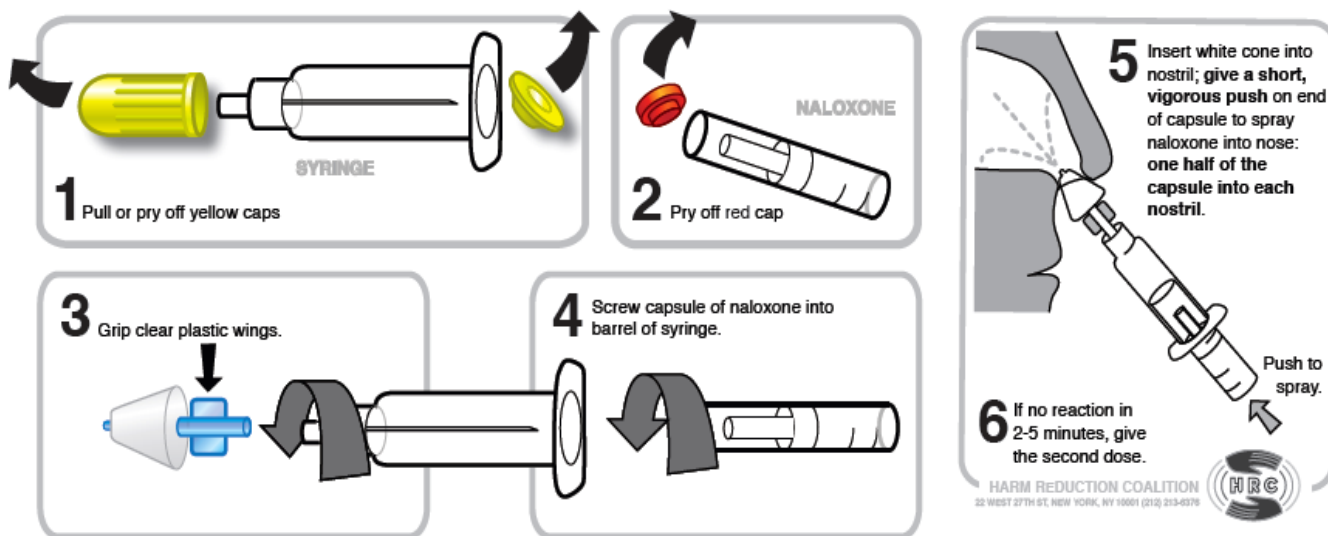
*Image courtesy of Nursing411.org*

#### 4. Administer naloxone.

If the patient has been receiving opioids, giving them naloxone may result in temporary withdrawal symptoms. This response can include abrupt waking up, vomiting, diarrhea, sweating, and agitated behavior. While these symptoms can be dramatic and unpleasant, they are not life threatening and will only last until the naloxone has worn off. See details about specific naloxone products below.

##### a. If your naloxone kit is a syringe set up to be given as a nasal (nose) spray:

1. Pull or pry off both top and bottom covers on the syringe.
2. Pry off the cap of the naloxone capsule.
3. Grip the clear plastic wings.
4. Screw the naloxone cartridge into the barrel of syringe.
5. Insert white cone into nostril; give a short vigorous push on the end of the naloxone cartridge to spray naloxone into the nose: one half of the cartridge goes into each nostril.
6. If minimal or no response in 3 minutes, then give a second dose.



**b. If your naloxone kit is NARCAN® Nasal Spray:**

1. Peel back the package to remove the device
2. Hold the nozzle between two fingers as shown in image below.
3. Place the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.
4. Press the plunger firmly with thumb to release the dose into the patient's nose.
5. If minimal or no response in 3 minutes, then give a second dose.

NARCAN Nasal Spray: Peel back the package to remove the device

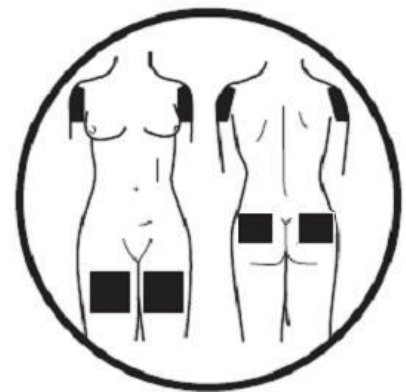


Place the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose

Press the plunger firmly to release the dose into the patient's nose

**c. If your naloxone kit is a syringe set up to be given as an injection into a muscle (intramuscular):**

1. Remove cap of the naloxone vial.
2. Draw up 1mL of naloxone into a syringe. (Ideally, the needle size for an injection into the muscle is 1 to 1.5-inches long and 25-gauge width)
3. If available, clean the area with an alcohol wipe before you inject.
4. Inject into muscle in the upper arm, thigh, or buttocks.
5. Insert the needle at a 90-degree angle to the skin and push in plunger.
6. If minimal or no response in 3 minutes, then give a second dose.

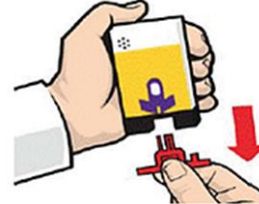


*Image courtesy of the Chicago Recovery Alliance*

**d. If your Naloxone kit is an Evzio® Injectable Device:**

## How to Administer Evzio

1. Remove Evzio from outer case
2. Pull off the red safety guard
3. Place black end against middle of the thigh, through the clothing
4. Press firmly and hold in place for 5 seconds
5. If minimal or no response in 2 to 3 minutes, administer second dose



- Voice instructions guide the way
- Infants < 1 year old, pinch middle of thigh before administration



*Image courtesy of EndMassOverdose.org*

**5. Resume chest compressions with rescue breathing (or chest compressions only) if the person has not yet started breathing.**

Brain damage can occur after 3-5 minutes without oxygen. The naloxone may not kick in that quickly. You may have to perform CPR for the person until the naloxone takes effect or until emergency medical services arrive.

**6. Conduct follow-up.**

- a. Naloxone takes several minutes to kick in and wears off in 30-45 minutes. The person may go back into overdose after the naloxone wears off.
- b. It is recommended that you watch the person for at least an hour or until emergency medical services arrive, in case the person goes back into overdose.
- c. You may need to give the person more naloxone. Give a second dose if the person does not respond after 3 minutes.
- d. If an overdose victim revives, keep the person calm. Tell the person that drugs are still in his/her system and that the naloxone wears off in 30-45 minutes. Recommend that the person seek medical attention and assist him/her if necessary.
- e. Do not let the person use more opiates. The naloxone will block them and the person could overdose again after the naloxone wears off.

By signing this form, I acknowledge that I have read and understand the naloxone training protocol.

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Printed Name

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Signature

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Date