Opioid Overdose Training Checklist

* Which drugs are opioids? Which drugs dose Naloxone reverse?
  + Codeine, tramadol, hydrocodone, oxycodone, hydromorphone, morphine, heroin, methadone, and fentanyl. Arranged easiest to hardest.
* Naloxone is not effective for other drugs that may contribute to an overdose death.
  + Sedating drugs – Alcohol, benzodiazepines, antidepressants, muscle relaxants, sleep medications, seizure medications, antipsychotics.
  + Stimulants – Cocaine, amphetamines, energy drinks, etc.
* What are risk factors for overdose?
  + **Loss of tolerance.** Tolerance develops to the pain relieving effects of opioids the longer they are used – resulting in increased use to get the same effect. Following a period of non-use (abstinence), if the old dose is used, it can result in an overdose.
  + **Mixing drugs.** All of the sedating drugs noted above make it more likely for an overdose when taken at the same time as opioids. Taking the drugs together produces a synergistic effect – an effect greater than either drugs is taken alone.
  + **Variation in the strength of “street drugs.”** Street drugs vary in strength based on the purity of the ingredients and what the main drug is “cut” with.
  + **Serious illness.** If the user has a serious illness, e.g. diabetes, heart disease, liver disease, HIV/AIDS and/or takes other drugs that may affect how the body handles opioids, they are at increased risk for overdose.
  + **Taking drugs alone.** When drugs are taken alone, it is more likely that they will lose track of safety measures and take too much. This is particularly true when the first dose doesn’t produce the desired effect.
* What are the signs of overdose? Overdose often sets in 1-2 hours after administration.
  + Slowed or shallow breathing.
  + Bluish lips and nail beds – this is a sign they are not getting enough oxygen.
  + Heavy not, not responsive to stimulation. **Immediate action should be taken!**
* How does naloxone work?
  + It blocks (gets in the way of) opioids from their receptors in the brain. It works in 3-5 minutes and lasts for 30-90 minutes. For opioids that last longer than this (most) the effects of the opioid will return. Usually this time will be enough for the dose to be less than an overdose amount. To be safe, the person should be in medical care by then.
  + Naloxone will bring on withdrawal symptoms lasting 30-90 minutes in opioid dependent people.
  + Naloxone has no other effects. It cannot be used to get high.
  + It will NOT cause any harm to someone not experiencing an opioid overdose.
  + It should be stored at room temperature away from light.
  + It has a limited shelf life. It should be exchanged when the expiration date occurs.
* How does the Naloxone Co-payment Assistance Program (N-CAP) work?
  + Only applies if you have prescription coverage.
  + Pharmacy must participate.
  + Patient or family member may participate.
  + No prescription is required.
  + Co-pays up to $40 are billed to N-CAP.

Seven Steps for Responding to an Opioid Overdose

* Stimulation
  + Yell the user’s name.
  + Shake the person.
  + Do a sternal rub.
* Call for help
  + Call EMS – 9-1-1 in most locations. Leave patient in recovery position.
* Check breathing and respond
  + If the person is not breathing, the responder should start with a few quick breaths and then administer naloxone
  + If the person is breathing but not responding, then the responder should administer naloxone first. Be ready to initiate rescue breathing if breathing stops.
* Administer naloxone.
  + Gently insert the tip of the nozzle into either nostril. Press plunger firmly. Remove.
* If person is not breathing, perform rescue breathing.
  + Tilt head slightly back, hold the nose closed.
  + Make a seal over the mouth (using mask if readily available) give two quick breaths, then one every 5 seconds.
  + Continue rescue breathing until person breathes on their own.
* Evaluate and support.
  + Stay with the survivor. Reassure that withdrawal symptoms will subside in about an hour. Tell them not to take more drugs now.
  + Inform EMS of what happened and how much naloxone was given.
  + Encourage survivor to go to the hospital.
* Go back to the Opioid Overdose Prevention Program
  + Report to the program the overdose experience: where, when, what drugs, and outcome.
  + Get a naloxone replacement kit.

Q: Does walking someone around keep them breathing?

A: It is good if the person can walk. They don’t need naloxone unless they become unable.

Q: How bad does getting naloxone feel?

A: Naloxone puts a dependent person into withdrawal. It is important they not take additional opioids to treat the withdrawal symptoms.

Q: Can I be sued for giving an injection of naloxone?

A: You are protected from civil liability and criminal prosecution as long as you do so in a good faith manner. Naloxone is considered as first aid/emergency treatment.