
Opiate Overdose Treatment: Naloxone Training Protocol

Training that meets the criteria below must be presented under the general oversight of a licensed physician or a nurse practitioner with prescriptive privileges. The overseeing practitioner does not need to be present during training. Use of the images below is optional.

Signs and symptoms of opiate overdose

- 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
- Turning pale, blue or gray (especially lips and fingernails)
- Snoring/gurgling/choking sounds
- Body very limp
- Throwing up

Opiate overdose treatment overview

1. Check for responsiveness and breathing.
2. Call 911.*
3. Start rescue breathing if not breathing.
4. Administer naloxone.
5. Resume 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.

* If you have to leave the person, put the person in the recovery position.

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 – see details below.]
 - a. State that someone is unconscious and indicate if the person is not breathing.
 - b. Give the address and location.

Note: Complications may arise in overdose cases. Also, naloxone only works on opiates, and the person may have overdosed on something else, e.g., alcohol or benzodiazepines. Emergency medical services are critical.

3. **Start rescue breathing** if the person is not breathing.
 - 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.

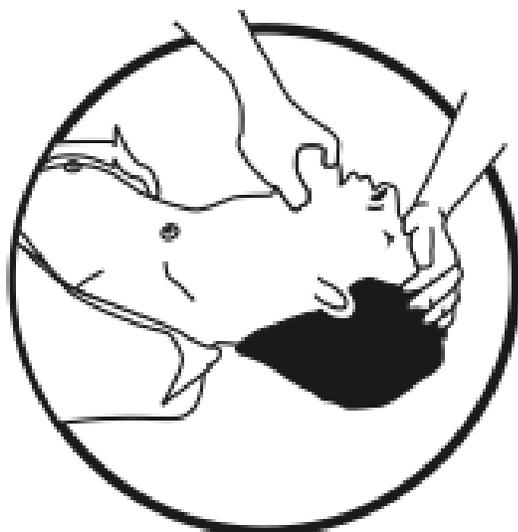
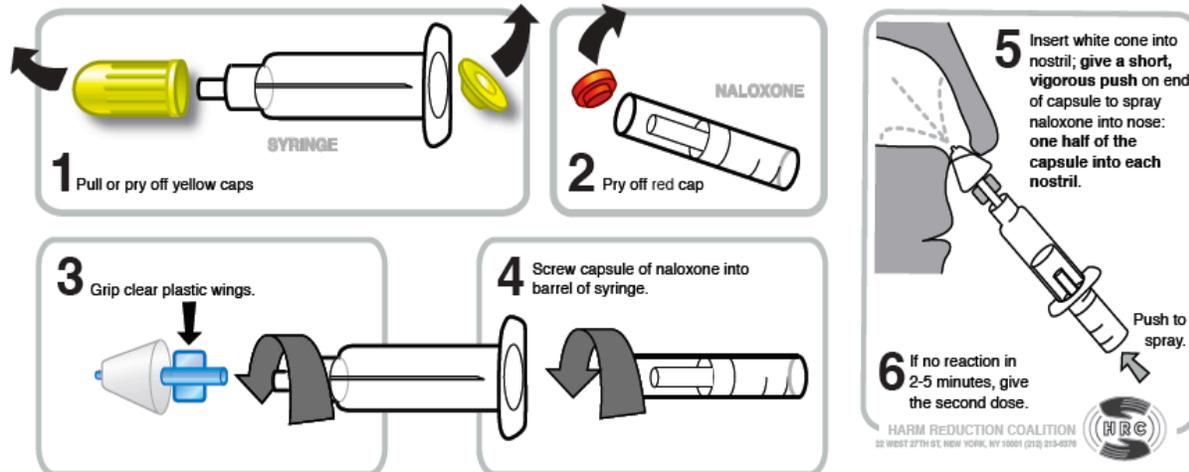


Image courtesy of the Chicago Recovery Alliance

4. **Administer naloxone.**

If your kit is set up as a nasal (nose) spray:

- a. Pull off the cap on the syringe.
- b. Screw the spray device onto the syringe.
- c. Pull the cap off the vial of naloxone and gently screw it into the bottom of the syringe.
- d. Spray half of the vial up one nostril, and spray the other half up the other nostril – see diagram below.



If your kit is set up for injecting naloxone in a muscle (intramuscular):

- a. Remove cap of the naloxone vial.
- b. Draw up 1cc of naloxone into a syringe. Ideally, you would use a muscling syringe (usually a 1-1.5-inch, 25-gauge or lower needle).
- c. If available, clean the area with an alcohol wipe before you inject.
- d. Inject into muscle in the upper arm, thigh, or butt – see diagram below.
- e. Insert the needle at a 90-degree angle to the skin and push in plunger.

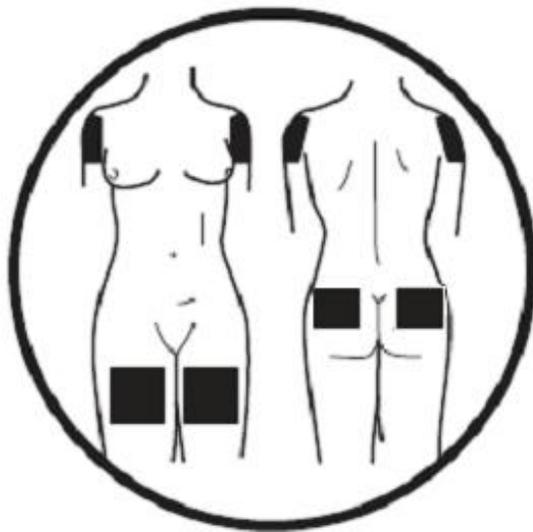


Image courtesy of the Chicago Recovery Alliance

Note: If someone is dependent on opiates, giving them naloxone may result in temporary withdrawal. This response can include abrupt waking up, vomiting, diarrhea, sweating, and agitated behavior. While withdrawal can be dramatic and unpleasant, it is not life threatening and will only last until the naloxone has worn off.

5. **Resume rescue breathing** if the person has not yet started breathing.

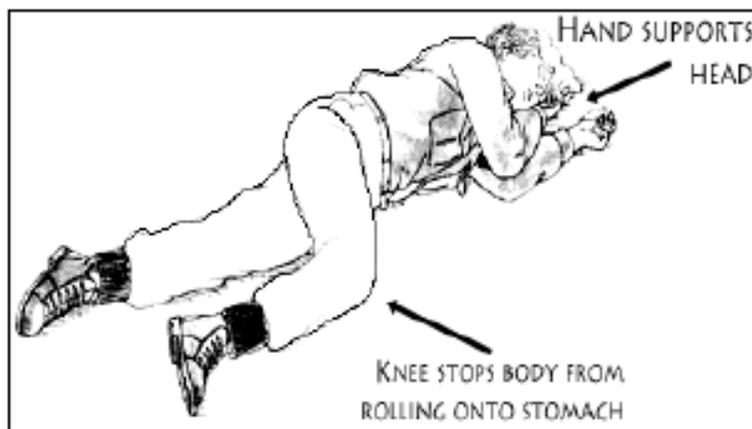
Note: Brain damage can occur after 3-5 minutes without oxygen. The naloxone may not kick in that quickly. You may have to breathe for the person until the naloxone takes effect or until emergency medical services arrive.

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.

* If you have to leave the person, put the person in the **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 – see diagram below.
- 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.



Note to trainers: If naloxone is dispensed after training, trainees should be instructed how to obtain refills to replace doses used in overdose response. If naloxone is not dispensed as part of the training, trainees should be directed how to obtain it through local pharmacies that stock naloxone.