

Naloxone: Responding to an Opioid Overdose

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Disclosures

There are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of this activity.



Training Objectives

After this training, you will be able to

- Identify three signs and symptoms of an opioid overdose.
- Discuss the steps to respond to an opioid overdose.
- Describe how to administer naloxone, an opioid antidote.

What is an Opioid Overdose?

Overdose occurs when too much of an opioid substance fits into too many receptors in the brain (opioid receptors are the part of the brain that regulate breathing), slowing and then stopping breathing.

While an overdose can be sudden, (fentanyl), most are a slow process. During this time, breathing progressively slows down, the person slips into unconsciousness, oxygen levels drop, carbon dioxide builds up, breathing stops completely, and the person can die. This process can take up to 1-2 hours, which means there is a window of opportunity for intervention.

Risk factors for overdose

Anyone using opioids is at risk of overdosing, especially in conjunction with alcohol or benzos, as all are central nervous system depressants

Increased risk includes:

- Using fentanyl
- Reduced tolerance (taking a break from drugs- reasons may be prison, compulsory drug treatment, voluntary treatment, sickness/hospitalization)
- Unfamiliar supply/changes in quality (new dealer/cut)
- Chronic medical issues (kidney or liver compromised)
- Antiretroviral medications (several decrease the rate at which opioids are metabolized, which can lead to an overdose)
- Having someone else inject you
- Being alone. While this would not cause an overdose, it is a risk as no one there to provide help, which can then be fatal.

Signs and Symptoms of an opioid overdose

- Excessive constriction of the pupil. Also known as “pinpoint pupils”
- Skin color; skin is cool and pale. Fingernails and lips have a blue tinge (not getting enough oxygen)
- Gurgling (body attempting to get oxygen)
- Breathing is slow or stopped. Adults normally breathe 15-20 times per minute.
- Sweating is a symptom or side effect of opioid overdose.
- Heartbeat has slowed or stopped. Adults have a normal heart beat between 60-100 beats per minute.
- Unresponsive when you call their name, shake them, or rub their sternum (rub your knuckles hard up and down their breastbone)

High Vs Overdose

Being really high vs. overdosing

REALLY HIGH	OVERDOSE
Muscles become relaxed	Deep snoring or gurgling (death rattle)
Speech is slowed/slurred	Very infrequent or no breathing
Sleepy looking	Pale, clammy skin
Nodding	Heavy nod, not responsive to stimulation
Will respond to stimulation like yelling, sternal rub, pinching, etc.	Slow heart beat/pulse

Opioids cause people to “nod out”. If a person does not respond to pain, this indicates a medical emergency.

What is Naloxone?

- ▶ Naloxone is a nonscheduled (i.e., non-addictive), safe prescription “rescue” medication that only works if a person has opioids in their system; the medication has no effect if opioids are absent.
- ▶ Naloxone has a strong affinity for the opioid receptor, which replaces the existing opioids, resulting in OD reversal

Naloxone is on the World Health Organization’s list of essential medicines and is supported by:

- ▶ The White House, Office of National Drug Control
- ▶ Centers for Disease Control and Prevention
- ▶ Federal Drug Administration
- ▶ Substance Abuse and Mental Health Services Administration

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*I, Surgeon General of the United States Public Health Service, VADM Jerome Adams, am emphasizing the importance of the overdose-reversing drug naloxone. For patients currently taking high doses of opioids as prescribed for pain, individuals misusing prescription opioids, individuals using illicit opioids such as heroin or fentanyl, health care practitioners, family and friends of people who have an opioid use disorder, and community members who come into contact with people at risk for opioid overdose, **knowing how to use naloxone and keeping it within reach can save a life.***

BE PREPARED. GET NALOXONE. SAVE A LIFE.

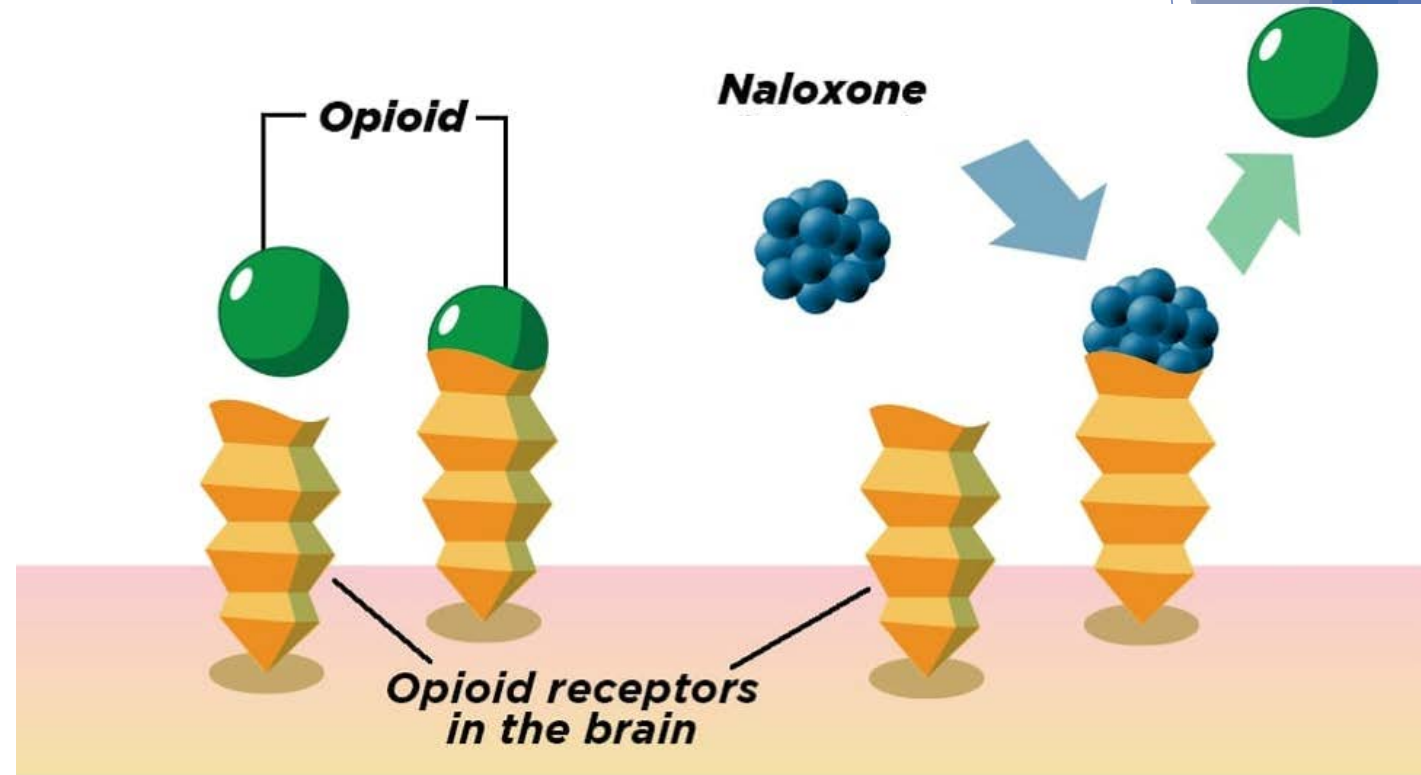


U.S. Surgeon General Jerome Adams on April 5 told the public of the need to know how to use naloxone and keep it within reach.



Naloxone Effects

- Naloxone does not destroy the opioids, it simply pushes them aside and blocks their effects so breathing can resume. Sometimes, it takes more than one dose for naloxone to work. In this case you would use the other dose in the opposite nostril.
- Naloxone can only hold the dominant place on the receptors for 30-90 minutes so it is important to call for assistance. After naloxone wears off, the opioids (as they tend to last longer) can return to the receptors and produce their effects. (ie, overdose can return)



How to administer naloxone:



Peel back the package to remove the device. Hold the device with your thumb on the bottom of the plunger and 2 fingers on the nozzle.



Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the person's nose.



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

Responding to overdose:

- Recognize signs and symptoms (pupils, gurgling)
- Call 911 and yell for help
- Check responsiveness, pulse & breathing
- Administer naloxone
- Start rescue breathing
- Put in recovery position

Rescue Breathing

Make sure nothing in mouth

Tilt head back

Lift chin

Pinch nose shut

Give 2 quick breaths

Make sure chest is rising

Then 1 slow breath every 5 seconds



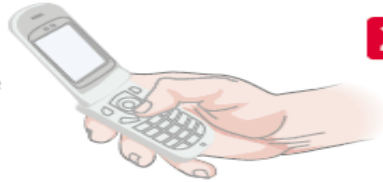
Hands only CPR

Hands-only CPR

The latest research shows that chest compressions alone are the most effective way for an untrained bystander to save a life after an adult collapses from cardiac arrest. The technique shown here should not be performed on infants, children, drowning victims, or in cases involving a drug overdose. Otherwise, here's what to do.

1

Call 911 or ask someone else to.



2

Kneel beside victim's chest. Loosen clothing if practical.



3

Place the heel of one hand in the middle of the victim's chest.



4

Cover first hand with your other hand, locking fingers.



5

Push down hard and fast. Try to maintain at least 100 pushes per minute.

Lock your elbows and push with all your weight, depressing the chest 2 inches each pump.

Don't worry about hurting the victim – you're trying to save a life.

Continue until medical help arrives.



SOURCES: American Heart Association; www.azshare.gov

DAVID BUTLER/GLOBE STAFF

Recovery Position

As the person responds to either rescue breathing and/or nasal naloxone then place them in the recovery position.

This will help to keep their airway clear and prevent them from choking if they vomit.

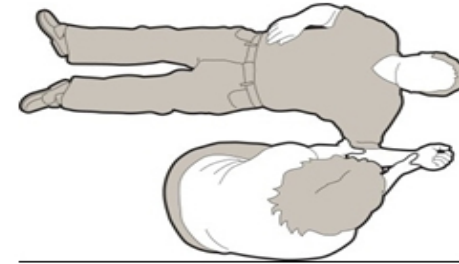
Additionally, anytime you as the responder must leave the victim unattended you should always place the individual in the recovery position.

Recovery position for adults

This is the best position for a casualty who is unconscious and breathing.

If the casualty is unconscious but breathing, place them on their side in the recovery position.

1. Place arm nearest you at a right angle.



2. Move the other arm, as shown, with the back of their hand against their cheek. Then get hold of the knee furthest from you and pull up until foot is flat on the floor.



3. Pull the knee towards you, keeping the person's hand pressed against their cheek, and position the leg at a right angle.



4. Make sure that the airway remains open by tilting the head back and lifting the chin. Check breathing.



Aftercare

- Following an overdose and administering naloxone, stay with the person until emergency services arrive.
- After naloxone is administered, a person will go into withdrawal and may seek to use again to relieve their symptoms.
- Explain that the original drugs are still in their system, and so when the naloxone wears off, they can slip back into respiratory distress. If the individual refuses to go with the EMS, encourage them to stay with someone for at least 2-4 hours and not to use more during this time.

Good Samaritan Laws

Overdose Good Samaritan laws are policies that provide legal protections for individuals who call for and provide emergency assistance (such as 9-1-1) in the event of a drug overdose.

- AB 472, California's 911 Good Samaritan law – decriminalizes help-seeking related to an overdose
- AB 635 provides protection to licensed health care professionals from civil and criminal liability when, if acting with reasonable care, they prescribe, dispense, or oversee the distribution via a standing order of naloxone via an overdose prevention program or standard medical practice.

Naloxone Kit

Best practice for naloxone, would include providing participants with all information included in this training.

Some examples of what to include in a kit:

Make the kit brightly colored or easy to find in an emergency

Include spray or 2 vials of intramuscular

Gloves

CPR Shield

Applicable laws

Resources

Signs and symptoms of an overdose

Where to Get naloxone

Any pharmacy can dispense naloxone over the counter without a prescription.

Can ask your Dr for a prescription.

Clare | Matrix

Homeless Health Care

AADAP

Needle exchanges, etc

All Dr's as of Jan 1st, 2019 are to prescribe Naloxone to any individual deemed "high risk" or with a large amount of opioids prescribed

References

<http://publichealth.lacounty.gov/sapc/MDU/DE/OpioidBriefFactSheet.pdf>

www.naloxone.com

<https://www.cdc.gov/drugoverdose/epidemic/index.html>

<https://www.cdc.gov/drugoverdose/pdf/pubs/2017-cdc-drug-surveillance-report.pdf>

<https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/NaloxoneGrantProgram.aspx>

Questions?

If you have any follow up questions, my email is:

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