

Naloxone Training

Q: What is Naloxone?

Naloxone is an opioid antagonist (reverses and blocks effects of opioids). It is a safe medication that can be used to treat a known or suspected opioid overdose. Naloxone only reverses the effects of opioids and will not provide relief for effects of other substances (i.e. alcohol, benzodiazepines, etc.).

Q: How Does Naloxone Work?

Naloxone knocks opioids off of opioid receptors, temporarily minimizing the opioid effects including the 'high' as well as adverse effects such as respiratory depression, thereby giving the affected person the chance to breathe. Naloxone works in 1 to 3 minutes and lasts 30 to 90 minutes.

Upon determining that naloxone should be administered, staff members should seek help and activate emergency medical services by calling 911. If the individual needs to be left alone while help is sought, the individual should be placed in the recovery position (body lying on one side supported by a bent knee, with head tilted back) to prevent aspiration. **Note: breathing can return to normal before the person is fully awake.** If the person receiving naloxone is breathing again, naloxone did its job.

Q: Who Needs Naloxone?

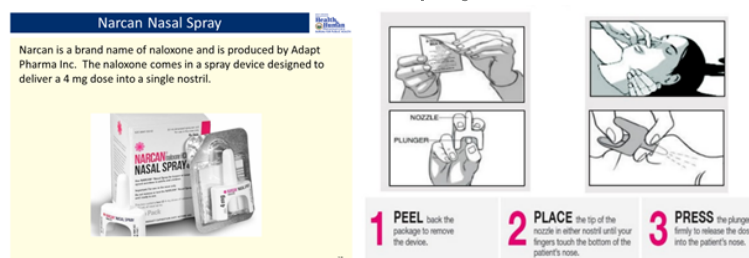
Naloxone is warranted to reverse a known or suspected overdose due to opioids. An overdose may be indicated by any of the signs on the left side of the chart below (note, the distinguishing features of an individual with a profound high but who is NOT experiencing an OD are provided on the right side).

<input checked="" type="checkbox"/> Overdose (Naloxone)	<input checked="" type="checkbox"/> Profound High (No Naloxone)
Pupils pinned	Pupils pinned
Unresponsive/Unconscious – NOT arousable	Nodding, but arousable
NO response to sternal rub	Responds to sternal rub
Breathing slow, <u>shallow</u> or stopped	Sleepy, intoxicated, but breathing intact
- <u>i.e.</u> < 8 breaths per minute	- <u>i.e.</u> ≥ 8 breaths per minute
- may hear choking sounds or gurgling/snoring noise	If speaking, speech is slurred
Lips or fingernails are blue or gray	

Q: How is Naloxone Administered?

Users should follow manufacturer preparation and administration instructions specific to the product being used. General guidance is provided below for the following devices that are currently available for naloxone administration:

Narcan® (Naloxone) Nasal Spray:



1. REMOVE Narcan® nasal spray from box.
2. PEEL back tab with the circle to open the nasal spray.
3. HOLD the nasal spray with your thumb on the bottom of the red plunger and your first and middle fingers on either side of the nozzle.
4. DO NOT PRIME THE SPRAY DEVICE.
5. LAY THE PERSON ON THEIR BACK. Tilt the person's head back and support their neck with your hand.
6. GENTLY INSERT NOZZLE TIP INTO ONE NOSTRIL until the fingers on either side of the nozzle are pressed against the bottom of the person's nose.
7. PRESS THE PLUNGER FIRMLY to administer the entire dose. Remove the Narcan® nasal spray form the nostril after administering the dose.

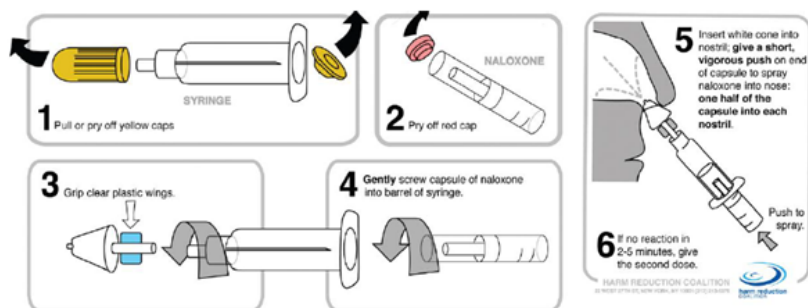
If no reaction in 3 minutes, open second Narcan® and spray in other nostril.

Intranasal Naloxone – Prefilled Syringe with Nasal Atomizer:



Naloxone Training, cont'd.

1. Assemble naloxone vial and intranasal atomizer:
 - a. Remove 2 yellow caps from the delivery syringe and 1 red cap from the naloxone vial.
 - b. Screw the naloxone vial gently into the delivery syringe.
 - c. Screw the mucosal atomizer device (white cone) onto the top of the syringe.
2. Insert white cone into nostril; give a short, strong push on end of naloxone vial.
 - a. Spray half (1 mg) of the naloxone in one nostril and the other half (1 mg) in the other nostril, for a total of 2mg.
3. If no reaction in 3 minutes, give a second dose.



Q: What Are Possible Side Effects? (Naloxone Triggered Withdrawal)

- Change in mood (combativeness/disorientation)
- Increased sweating, nervousness
- Agitation
- Restlessness, tremor
- Hyperventilation
- Nausea, vomiting, diarrhea, abdominal cramping
- Muscle or bone pain
- Itching, rash, hives, swelling of face, lips, or tongue
- Dizziness
- Fast heartbeat
- Headache, flushing, sudden chest pain

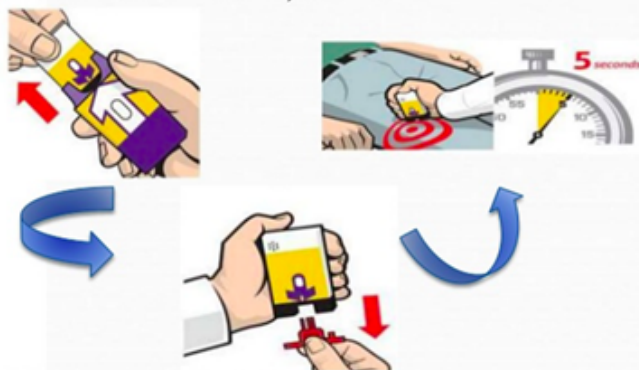
Opioid overdose complications, such as brain damage or death from lack of oxygen, are more alarming than potential side effects from naloxone administration.

If naloxone is given to a person who has not taken opioids, it will not have any effect on that person.

Evzio Auto-Injector:

Administration of Naloxone

- Intramuscular Auto-Injector Evzio®



Evzio® Auto-Injector [package insert] Richmond, VA: kaleo;2014.

1. Follow audio instructions from purple and yellow Evzio® device.
2. Place on thigh and inject 0.4 mL (2mg dose) into outer thigh.
3. Repeat after 3 minutes if no response.

Remember – the goal is to restore spontaneous breathing – not necessarily to have a fully awake patient.

DATE _____

EMPLOYEES IN ATTENDANCE
