

# Treatment of Opiate Overdose with Naloxone

## Purpose of Training

- This training is designed to teach you about one action you can take in case of an overdose of opiates.
- Death by opiate overdose is a tragedy that can be simply and safely reversed by administration of naloxone.
- This training program will not make you a doctor, or capable of acting like one, but you will leave with an understanding of the more common life-saving actions helpful to someone who has overdosed

## **All opiates are similar in that they . . .**

- **come from the opium poppy or are chemically created to be like a drug which comes from the opium poppy**
- **have their effect on the same part of the brain; &**
- **cause overdose in the same ways if too much is used -- this overdose comes in the form of stopped breathing.**

## **Opiates differ in that . . .**

- **have different concentrations or strengths**
- **have varying durations of action**

## Comparison of Some Opiates

Drug	Duration	potency
Methadone	24 hr	++++
Heroin	6 - 8 hr	+++++
Oxycontin	3 - 6 hr	+++++
Codeine	3 - 4 hr	+
Demerol	2 - 4 hr	++
Morphine	3 - 6 hr	+++

## Risk for Overdose

- Combining with other drugs (especially alcohol and/or downers)
- Relapse after period of abstinence
- Early in dependence
- Treatment with naltrexone (Trexan™ or ReVia™)

# OD Prevention

- know your stuff
  - testing small amount
  - purification
  - purity testing
- inject with OD prevention technique (tourniquet off after hit, several slow pushes to taste...)

# How does Overdose Kill?

- (breathing is too slow),  
progressing to ...  
Breathing stops
- ... the heart stops
- ... circulation  
of blood to the brain stops

## Recognizing Overdose

- ... Can't waken (sternum or upper lip rub)
- ... very slow and ultimately no breathing (apnea)-slow breathing manifests as:
  - ... Turning blue, around lips and fingers first
  - ... loose muscles
  - ... slow heartbeat (<50)

## The Recovery Position



- Mouth down, head turned so vomit cannot block airway
- Brain at same level of (or lower than) heart

## Call for Help...

## A + B of Life

- **A**irway - make sure there is nothing in the throat, and the airway is protected from blockage (pillow, vomit) Don't let them choke!
- **B**reathing - if they are not breathing,

# **Beginning Rescue Breathing**

- Roll
- Hand under neck, tip chin up to  
(be ready to turn the head to protect the airway if they vomit)
- Pinch off the nose
- Seal your mouth over theirs and give

# **Continuing Rescue Breathing**

- Check – has spontaneous breathing started yet?
- If no,
  - Administer naloxone!
  - Breathe at 6 breaths per minute until spontaneous breathing starts
- If yes, administer naloxone and watch them carefully

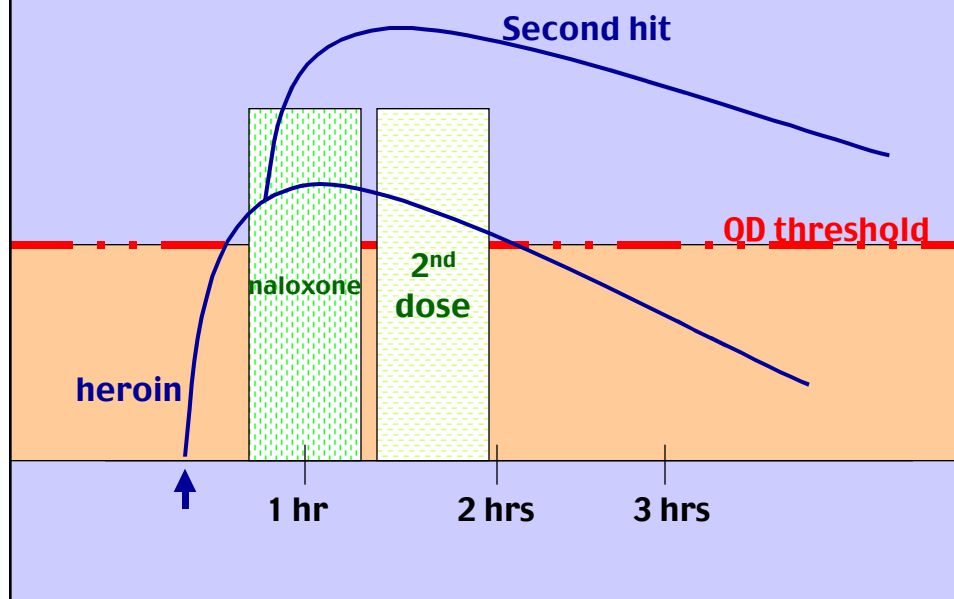
# Administering Naloxone

- 1 ml or cc (equals 100units) -- ideally with a prepared syringe
- Repeat the dose every 2–3 minutes until they're waking up
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## Administering Naloxone

- . . . Naloxone works quickest IV. Consider using veins under the person's tongue although it will be bloody.
- might take 3–5 minutes to work—you must continue to breathe for them. Use a 1 - 1 1/2 inch needle to reach muscle
- squirting naloxone into the rectum--of course, take the needle off first.
- . . . This method might take 30 minutes to work. Can you continue to breathe for them for that long?

## Timing of OD & Treatment



## Treating Overdose

- Can you wake him?
  - YES - keep an eye on him for at least 2 hrs
  - NO.....
- Is he turning blue? Has his breathing stopped?
  - NO - administer naloxone
  - YES - give 3 quick breaths & administer naloxone
- Is he breathing spontaneously?
  - YES - wait 5 minutes
  - NO - do rescue breathing for five minutes

## **after 5 minutes. . . .**

- **Is he coming around?**
  - YES - support him, stay with him, don't let him use!
  - NO - re-administer naloxone. If he hasn't come around after 2 doses, **CALL FOR HELP!!!**
- **One hour later - is he getting sleepy again?**
  - NO - watch closely for at least another hour
  - YES - may need another dose of naloxone

**Methadone OD may last 6-8 hours -  
Find out what they took!!**

- **While the naloxone may have started them breathing again it may also start withdrawal symptoms.**
- **Using again will make the OD when the naloxone wears off in an hour or so.**
- **If you can support the person in dealing with any discomfort, the naloxone will wear off and the withdrawal will fade.**

## **Taking it to the Street Planning Ahead**

- **When do you want someone to take action? (Breathing rate? Pulse rate? Turning blue - lips? fingers?)**
- **What do you prefer regarding CPR and how to use naloxone -**
  - where/how injected
  - how much: 1cc? Less? More?
  - multiple doses - how many before 911?
- **What do you want done about calling 911 or going to the ER?**

- **Take turns OD'ing and doing what each other said they want in case of their OD.**
- **Come on . . . this is your chance to act it out . . . Pretend!**
- **Stop to ask questions as they come up.**

## **Partner Agreement Checklist**

- **Knows OD prevention techniques**
- **Knows when to act for you – e.g. cyanosis, heart rate, or breathing rate**
- **Knows if and when you want them to call 911**
- **Knows if and when you want rescue breathing or CPR**
- **Knows if and when you want naloxone**
- **Knows how and where you want naloxone given and how much**

## **Checklist (continued)**

- **Knows if and when you want to go to the hospital ER**
- **Has agreed to stay with you to support while naloxone wears off (about an hour after it is given)**
- **Notes your commitment to not use again while you wait for the naloxone to wear off**