

Naloxone Safety & Survival Brochure

What are opioids

Opioids are chemicals that act in the brain to relieve pain, often used to suppress cough, treat addiction, and provide comfort. After prolonged use of opioids, increasing amounts are needed for the same effects. Opioids are often misused resulting in danger. Common opioids include:

• Heroin (Smack, Junk)	• Codeine (combo meds eg. Tylenol No. 3)	• Fentanyl (Duragesic Patch)
• Oxycodone (Opana)	• Oxycodone (Percocet, Roxicodone)	• Meperidine (Demerol)
• Hydromorphone (Dilaudid)	• Methadone, Morphine (MS Contin, Kadian)	• Hydrocodone (Norco, Vicodin)

Who is at high risk for opioid overdose

- Individuals using care from multiple doctors, not following instructions about prescription use
- Have prescription for methadone, buprenorphine, or high dose opioids
- Initiating or ending opioid maintenance therapy
- History of overdose, recreational users of prescription opioids
- Recently discharged from detoxification programs or recently released from prison
- Mixing Drugs: Alcohol, antidepressants, sedative / hypnotics, stimulants
- Currently taking benzodiazepines (eg. Ativan[®], Klonopin[®], Valium[®], Xanax[®])
- Elderly clients using opioids for pain or patients using pain relieving patches incorrectly
- Taking more than maximum daily dose of acetaminophen containing opioids

Recognition

- Slow or irregular breathing, snoring or gurgling sounds
- Having a bluish color of the skin, nails or lips (lack of oxygen)
- Not responsive when shaken
- Cold clammy sweaty skin, small pupils

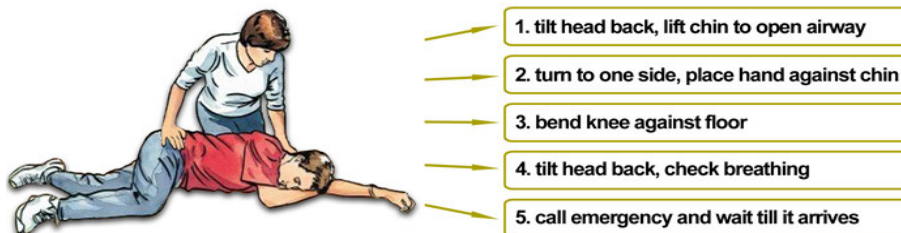
Response

A. Is victim responding to you?

- Give them a gentle shake, yell their name
- Do a sternal rub: Make a fist and rub the breastbone with your knuckles
- Any response? Are they breathing?

B. Call 911 for help

- Say “someone is unresponsive and not breathing”
- Give clear address and location
- If you need to leave them alone, place them in recovery position

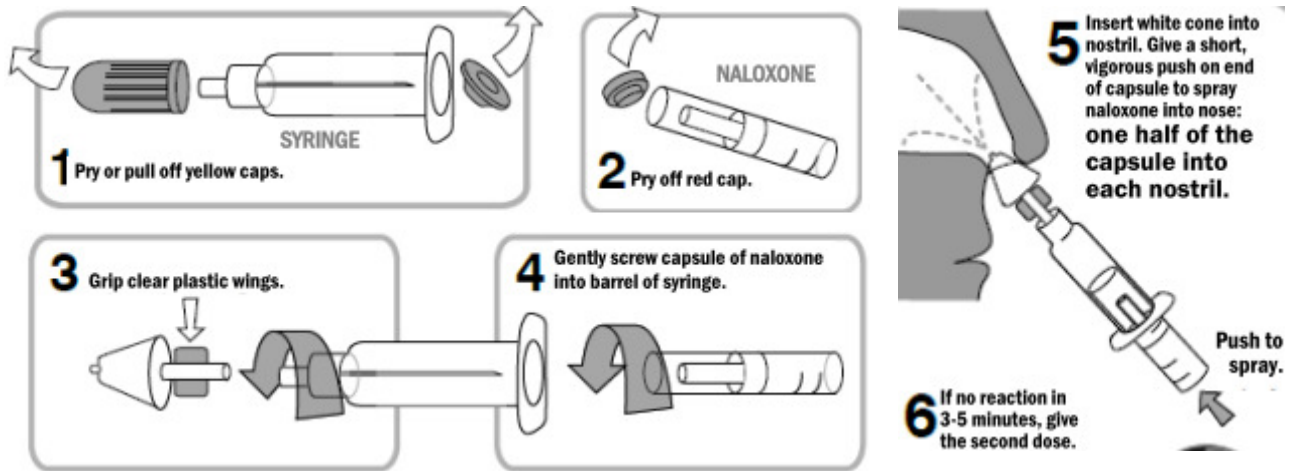


C. Give Naloxone

You will need one needle free syringe, one syringe of naloxone (also called capsule), and one atomizer

1. Remove the yellow caps from both ends of the needle free syringe

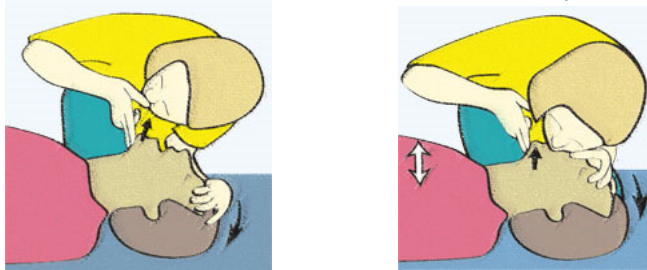
- Remove the purple cap from the naloxone syringe / capsule
- Attach the nasal atomizer to the needle free syringe as shown below
- Screw the open end of the naloxone capsule into the needle free syringe. It will become difficult to turn when it is threaded enough



- Gently but firmly place atomizer within one nostril, carefully close the opposite nostril. Aim slightly upwards and toward ear on same side as the nostril. Push syringe to give $\frac{1}{2}$ of total medication. Repeat in other nostril
- Start rescue breathing as shown below. Give a second dose of naloxone, if no response in 3 minutes.

D. Rescue breathing

- Roll the person onto their back
- Make sure their mouth is clear (no chewing gum, food or vomit)
- Tilt head back, lift chin, pinch nose
- Give 2 breaths to start and then 1 breath every 5 seconds. Chest should rise



E. After naloxone

- Remind the person that naloxone will wear off in about 30-90 minutes
- Stay with them until they go to the hospital or the naloxone wears off to make sure the overdose does not come back

Preventing overdose

- Do not mix alcohol, benzodiazepines, pain medications, heroin or methadone - can cause your breathing and heart to stop working
- Take medications as directed. Never open opioid capsules, cut or fold patches; chew, crush, or dissolve opioid tablets
- Know the difference between immediate release and extended release medications
- Empower yourself, learn how to do rescue breathing and get a naloxone kit