

Naloxone Training Checklist for Pharmacies

1) Helpful videos

Administering intranasal naloxone:

<https://www.youtube.com/watch?v=Jis6NIZMV2c>

<https://www.youtube.com/watch?v=lj4-SrSH5Ew>

Administering intramuscular naloxone:

<https://www.youtube.com/watch?v=wsN0ijLnK2k>

Videos for both intranasal or intramuscular naloxone:

<http://prescribetoprevent.org/patient-education/videos/>

2) Mechanism of overdose: when someone dies it's because their breathing slows to the point where they stop getting enough oxygen to stay conscious, and without air, eventually the heart stops. With an upper overdose, the heart stops, or person has seizures or stroke.

3) Risk Factors:

- a) Mixing: opioids with alcohol/pills, or cocaine →→ *Prevention*: don't use more than one drug at a time, don't mix highest risk ones.
- b) Tolerance: exiting jail, hospital, detox, esp. methadone detox →→ *Prevention*: use less after exiting jail, hospital, detox
- c) Quality: unpredictable →→ *Prevention*: tester shots.
- d) Using Alone: behind closed, locked door, where cannot be found →→ *Prevention*: don't use alone. Leave door unlocked. Let someone know where you are beforehand.
- e) Health: liver, breathing problems (asthma), compromised immune system, active infections, lack of sleep, dehydration, malnourishment all increase risk of OD →→ eat, drink, sleep, see doctor, carry inhaler, treat infections, etc.

4) Recognizing an overdose: The line between high vs. overdosing: **unresponsive**. Other signs to look for: slow, shallow breathing, pale, blue, snoring/gurgling for opiate OD; chest pains, difficulty breathing, dizziness, foaming at the mouth, lots of sweat or NO sweat, racing pulse, puking, seizures, loss of consciousness for stimulant OD.

5) Checking for a response (downer/opiate OD):

- a) Noise: call name, yell "cops"
- b) Pain: shake, slap, sternum rub.
- c) Airway: head tilt, chin lift.
- d) Check breathing and clear airway (check for syringe caps, undissolved pills, cheeked Fentanyl patches, toothpicks, gum, etc.)

6) Recovery Position: put person on their side if you have to leave them alone to call 911.

7) Calling 911:

- a) Say: (location), "someone is unconscious, not breathing." Not: "overdose."
- b) Naloxone only works on opiates, not benzos or alcohol. Need 911 as backup.

8) Rescue Breathing

- a) If you're alone with the overdosing person, start rescue breathing and then go get naloxone after you've given a few breaths. If you're not alone, start rescue breathing while other person goes to get the naloxone.
- b) Head tilt, chin lift
- c) Look, listen, feel: to see if chest rises/falls; listen/feel for breath.
- d) Two breaths: normal sized, not quick, not a hurricane!
- e) One breath every five seconds (count one-one thousand, two-one thousand...)
- f) Explain need: brain damage/death after 3-5 min. without oxygen to brain, ambulance may take longer, have to breathe for person until naloxone kicks in or paramedics arrive.

Continued on next page

10) Administering Intramuscular Naloxone

- a) Assembling shot: remove cap on vial, draw up 1cc of naloxone into muscling syringe.
- b) Site location: arm (deltoid), thigh, butt. Shoot into muscle, not vein, not abscess.
- c) Administering shot: clean with alcohol wipe (if available). Insert at 90° angle. Push in plunger.

Administering Nasal Naloxone

- a) Pull off yellow caps, screw spray device onto syringe
- b) Pull red cap of the vial of naloxone and gently screw into bottom of syringe
- c) Spray half of vial up one nostril, half up the other

11) While you're waiting for the naloxone to kick in...

- a) Start rescue breathing again, until you see the person start to breathe on their own.
- b) Wait 2-3 minutes (it seems like forever!) until you give a second dose of naloxone. Give it a chance to work; it doesn't always work instantaneously.
- c) If you get no response after 2-3 minutes, give a second dose and start rescue breathing again. If there is still no response, continue breathing until paramedics arrive and let them take over, and if you haven't called 911 yet, do it now! There could be something else wrong, they may have taken different drugs that naloxone doesn't work on, or it could be too late for naloxone to work.

10) Aftercare:

- a) Takes several minutes to kick in; wears off in 30-45 minutes
- b) Person won't remember overdosing; explain what happened
- c) Don't allow the person to do more opioids--could OD again
- d) Need to watch person for at least an hour
- e) Could need to administer another dose of naloxone

11) Naloxone kit care:

- a) Keep out of sunlight, and keep at room temperature (not too hot, not too cold—don't put the kit in the fridge!)
- b) Expires in about two years—date will be on your Naloxone itself.

For more information, contact Lisa from the Harm Reduction Action Center at 303-572-7800 or at Lisa.harm.reduction@gmail.com