OST Patient Naloxone Sheet

Patients who are prescribed OST are potentially at risk of an overdose. It is encouraged that these patients are offered overdose awareness training along with a naloxone kit at least ONCE every SIX MONTHS. Outcomes should then be logged on NEO i.e. training given/naloxone given/naloxone declined. The following table allows you to monitor this data for your OST patients.

To record the information on NEO you must use a unique 'client ID code'. To create/find the client ID code you will firstly need to select their gender (*male/female/trans*) and then enter the 1st letter of their forename, the 1st letter of their surname, the 4th letter of their surname and then the full date of birth. If there is no 4th initial in the surname then replace this with a *.

e.g. John Smith 01/01/2001 would be JST01/01/2001

Initials	DoB	Postcode	Naloxone				Date	
			Declined	Nyxoid	Pebble	Prenoxad	offered	NEO
JST	01/01/2001	KY1 1	-	1	-	1	01/01/2025	Υ

Overdose Awareness and Naloxone Training Checklist

Adapted from SDF version

The most common drugs identified in a drug-related death: heroin, methadone, benzodiazepines, gabapentinoids & alcohol – all Central Nervous System depressant drugs and the physical effects these drugs have slow, shallow, irregular breathing, slow heart rate, feeling less alert, unconsciousness, poor memory, not feeling pain, lower body temp. Cocaine also commonly implicated, although not a CNS, will increase toxicity.

The main causes of drug overdose: using alone, low tolerance, polydrug use, using too much, injecting drug use, purity levels.

High risk times: recently leaving prison, rehab or hospital, recent detox, recent relapse, recent near fatal overdose, poor physical or mental health, recent life events, extra cash, long-term user, festive periods, weekends, or holidays.

The signs & symptoms of suspected opiate overdose: no response to noise or touch, loss of consciousness, pinpoint pupils, breathing problems, skin/lip colour pale/purple.

The common myths: don't inflict pain, give other drugs e.g., stimulants, put in bath/shower, walk person around, leave person on own.

Knows when to call 999: when person won't wake with shout/shake, tell call handler status of person and location.

Knows about the recovery position: person on side, airway open.

Knows about rescue breathing and CPR: put the patient on their back, 30 compressions, 2 breaths – one cycle of Basic Life Support

Knows when and how to administer naloxone

Unconscious but breathing:

- Injectable Dose 0.4mls into outer thigh muscle via clothing. Administer 1 dose when in recovery position then every 2-3mins.
- Nasal Dose One spray into the nostril, second spray should be administered after 2-3 mins in the alternate nostril.

Unconscious but NOT breathing:

- Injectable Dose 0.4mls into outer thigh muscle via clothing.
- Administer 1 dose after one cycle of Basic Life Support then after every three cycles of Basic Life Support.
- Nasal Dose One spray into the nostril, second spray should be administered after 2-3 mins in the alternate nostril.

Knows that naloxone is short acting: the effects of naloxone wear off after 20-30 mins, possible that overdose may return.

Knows the importance of staying with the person: do not let the person use any other drugs if they gain consciousness, update 999 with any change.

Knows how to store naloxone

Keep out of sight and reach of children.

- For nasal sprays:
 - Do not freeze.
- For Prenoxad and Naloxone 1.26mg nasal spray:

Store in original container to protect from light.