

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
<u>Knows when and how to administer naloxone</u> 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.
<u>Knows how to store naloxone</u> 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.