

Opioid Antagonist Act

Intranasal Naloxone Administration Training Module for Initial Responders



Public Service Training Session

Public Training Session

Provided By:

West Virginia Office of EMS Endorsed Educational Institutions

EMS Agency Personnel



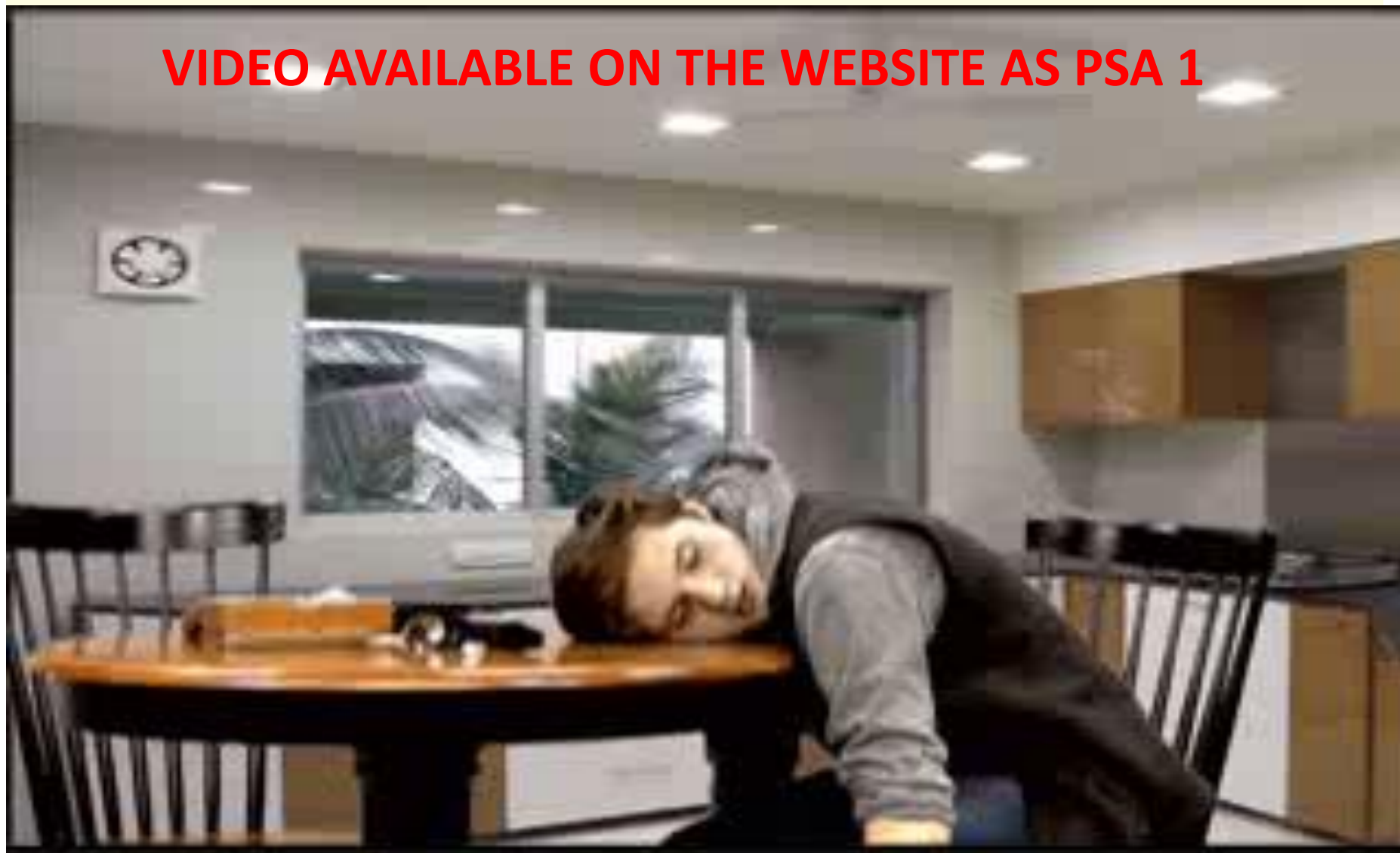
Objectives

By the end of this course, the participants will learn about intranasal (auto-injector where applicable) Naloxone and be able to:

- Recognize the signs and symptoms of a narcotic overdose
- Understand how to use intranasal Naloxone
- Identify the possible responses to intranasal Naloxone
- Prepare and administer intranasal Naloxone
- Describe how continued support should be provided to the overdose victim

What Does Naloxone Do?

VIDEO AVAILABLE ON THE WEBSITE AS PSA 1



When is Intranasal Naloxone Used?

- With the unconscious patient suspected of overdose.
- Bystanders should have contacted EMS (dialed 911) or sent for help.
- Bystanders may have provided respiratory support (rescue breathing) to the limit of their skill, but reversal of the cause of failed breathing is the real treatment.
- Use of intranasal Naloxone is indicated when the person is not responsive (shouting, sternal rub, etc.).

When is Intranasal Naloxone Used?

- Intranasal Naloxone temporarily blocks opiate effects and can reduce the duration of low oxygen in the blood preventing injury or death.
- Prolonged reduced breathing can result in injury to the brain.
- Lung injury can occur because stomach contents get into the lungs. This causes lung damage and can contribute to death.
- Reversing the overdose quickly saves lives!

Opiates and Opioids

Chemicals that act in the brain to:

- Decrease feeling of pain.
 - Decrease reaction to the pain.
 - Provide comfort.
-
- May be used to reduce pain from injury, or after having procedures done (surgery), or as part of long-term care for cancer or other painful diseases that cause constant pain and are expected to not go away.
 - Both opiate and opioids are often misused, resulting in danger.

Opiates vs. Opioids

- **Opiates** are concentrated from the poppy plant and are not made, but purified, from the plant fluids like maple sugar.
- **Opioids** are manufactured and do not come from the plants.
- Opiates and Opioids act the same in the brain.
- Examples of opiates are Morphine, Codeine and Heroin.



After prolonged use of these substances, increasing amounts are needed for the same effects.

Common side effects include:

- Nausea and vomiting
- Drowsiness
- Itching
- Dry mouth
- Small pupils
- Constipation or difficulty having bowel movements

Opiates and Opioids May Include:

- **Heroin**
- **Buprenorphine (Suboxone)**
- **Butorphanol (Stadol)**
- **Codeine**
- **Fentanyl (Duragesic patch)**
- **Hydrocodone (Vicoden)**
- **Hydromorphone (Dilaudid)**
- **Meperidine (Demerol)**
- **Morphine**
- **Nalbuphine (Nubain)**
- **Oxycodone (Percocet/Percodan)**
- **Oxymorphone**
- **Pentazocine (Talwin)**
- **Paregoric**
- **Propoxyphene (Darvon)**



Heroin

Heroin is an opiate which may be injected, snorted (inhaled), or smoked. It has many street names.



Naloxone is Only Used for Opiate Overdose

Remember, the following common street drugs are not Opioids/Opiates and therefore not addressed by this portion of the protocol: cocaine, LSD, ecstasy (Molly) sedatives/tranquilizers and marijuana.



Who is at High Risk for Overdose?

- Individuals seeking care from multiple doctors and are not following instructions about prescription use.
- Users of prescriptions that belong to others.
- Users who inject drugs for greater effects.
- Former users who are recently released from prison or entering/exiting from drug treatment programs.

Who Else is at Risk?

- Elderly patients who take opiates or opioids for pain.
- Patients using pain-relieving patches incorrectly.
- Children who accidentally ingest painkillers found in their homes or the homes of others.



Naloxone Auto-Injector

Evzio (naloxone hydrochloride injection) rapidly delivers a single dose of the drug naloxone via a hand-held auto-injector that can be carried in a pocket, glove box or stored in a medicine cabinet.



The auto-injector is designed to be a simple and easy-to-deploy alternative to intranasal Naloxone. There are several things to remember when selecting this option.

Naloxone Auto-Injector Continued

- The approved device has step by step audible directions.
- Auto-injection requires a line of site for injection (should not be deployed through clothing).
- Auto-injection does deploy a spring loaded needle to deliver the medication.
- Universal precautions should always be used as blood and body fluid exposure is likely.
- Auto-injection delivers a metered dose of Naloxone and cannot be adjusted for younger victims.
- There is a training device available for this product.



Intranasal Naloxone

- Naloxone (Narcan) is an antidote that can temporarily reverse the overdose effect of opiates and opioids.
- Naloxone is **NOT** effective against respiratory depression due to non-opioid drugs (or other causes).



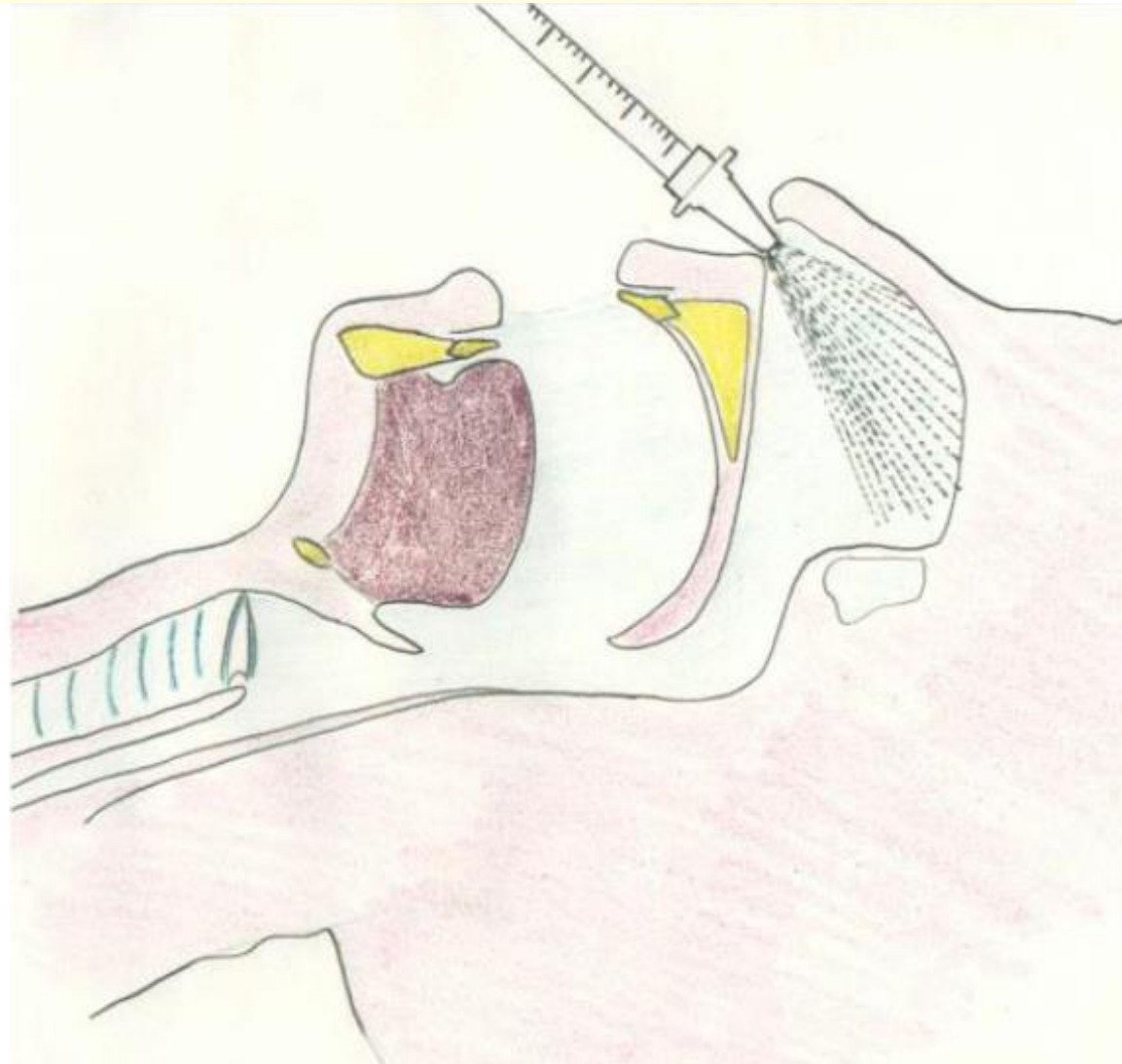
Why Intranasal Naloxone?

- Very low-risk of exposure to blood (no needle).
- Can be administered quickly and with little training.
- Onset of action is quick.
- Very effective when used.



Why Intranasal Naloxone?

*Works quickly
since the nose
has a large
area for
absorbing
drugs directly
into the blood
stream.*



Why is it Used With an Atomizer?

Squirting the liquid drug creates a fine mist covering more surface of the nasal cavity tissue increasing entry into the blood stream. Examples of similar effects are spray paint and hairspray. The mist covers more surface area.



What Does Opiate/Opioid Overdose Look Like?

The person is:

- Not responsive when shaken.
- Possibly not breathing well, or not breathing at all.
- Possibly breathing less than 6 breaths per minute.
- Possibly having a bluish color to the skin, nails or lips.
- Small pupils.

When to Use Intranasal Naloxone

- If a person is not responding to you.
- If bystanders report suspected drug use and the person is not responding to you.
- If there are drug bottles, or signs of injection of drugs on the skin (“track marks”) and the person is not responding to you.



- **Call 911 to activate Emergency Services.**
- **Even if illegal activity was going on, the call provides some protection from criminal charges.**

But, only if they call for help. *GET HELP, DIAL 911.*

Any person who administers an opioid antagonist in good faith to someone they believe to be suffering from an opioid-related overdose is not subject to criminal prosecution arising from the possession of an opioid antagonist or subject to any civil liability with respect to the administration of or failure to administer the opioid antagonist unless the act or failure to act was the result of gross negligence or willful misconduct.

The Law Protects Whoever Calls for Emergency Help

Any person who administers an opioid antagonist to a person they believe to be suffering from an opioid-related overdose is required to seek additional medical treatment at a medical facility for that person immediately following the administration of the opioid antagonist to avoid further complications as a result of the suspected opioid related overdose.

Adult Nasal Atomizer Use

- Administer Naloxone 2.0mg Nasal via atomizer (half in each side of the nose).
- If you know how, you may continue supporting the breathing of the person (rescue breathing).
- Consider calling poison control if other poisons are suspected: (800) 222-1222.



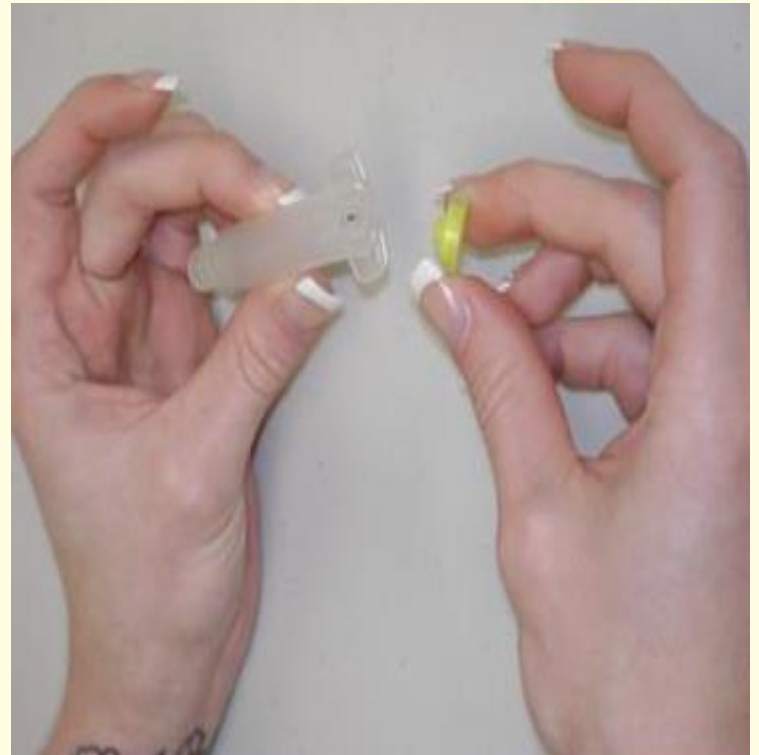
Nasal Atomizer Use



Preparation: Step 1



Preparation: Step 2



Preparation: Step 3



Preparation: Step 4



Luer Jet with Attached Atomizer



Lets Watch a Quick Video

VIDEO AVAILABLE ON THE WEBSITE AS DEMO 1



Administration

- Perform rescue breathing if you know how.
- Look to see if the nose cavity is free from blood or mucous (mucous in the nose is normal and small amounts of blood may be present). You will still administer the Naloxone.
- Assemble the kit.
- Gently, but firmly, place the atomizer in one side of the nose and spray half the medication.
- Repeat on the other side.
- If only one side of the nose is available, put all of the medication in that side.

Administration



Adverse Reactions

- **When used, intranasal Naloxone can cause:**
 - Runny nose
 - Sweating
 - Fast heart rate
 - Shakes
 - High blood pressure
 - Low blood pressure
- **Fear of causing withdrawal should not prevent use when the person is unresponsive.**



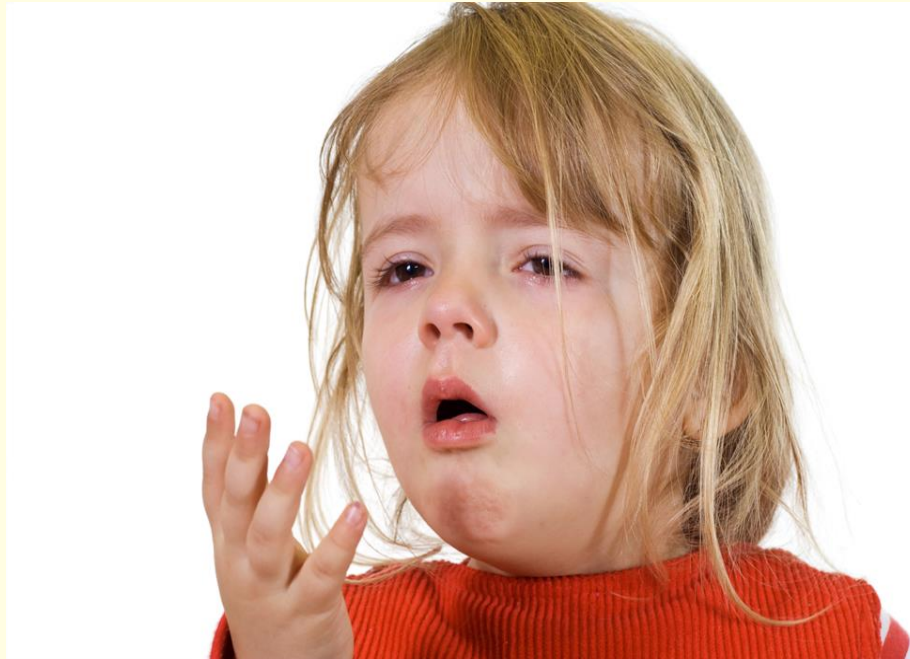
Children Can Also Overdose

- **When an opioid overdose is suspected in a child, use less of the liquid and repeat if needed.**
- Very small child: Use one-quarter in each side of the nose and consider using the other half in 5 minutes if the ambulance has not arrived and the child is still unresponsive.



Children

- Remember, just as in adults, children (smaller noses) may have some of the drug run out of their nose and down the back of their throat. This will not do any harm.



Course Summary

- **What we have learned:**
 - Why intranasal Naloxone is available as an option for bystanders who witness an overdose.
 - What an opioid overdose looks like.
 - The reasons that justify the use of intranasal Naloxone.
 - Legal protections if you dial 911.
 - How to prepare an intranasal Atomizer.
 - How and when to use the intranasal Atomizer.

For more information

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