



Part V

Other Possible Situations

Seminar # 28

NARCAN Intervention(s)

The Seminar Goals:

1. The attendee will be able to name the four (4) domain parts in the family system.
2. The attendee will be able to identify how the degree of functionality and potentiality of each family member will impact the outcome of dealing with a family issue.
3. Using the “Functionality & Potentiality Worksheet”, the attendee will be able to provide their understanding of each family members role in working to meet a desired family outcome.

Introduction

Naloxone is a medication approved by the Food and Drug Administration (FDA) to prevent overdose by opioids such as heroin, morphine, and oxycodone. It blocks opioid receptor sites, reversing the toxic effects of the overdose. Naloxone is administered when a patient is showing signs of opioid overdose. The medication can be given by intranasal spray, intramuscular (into the muscle), subcutaneous (under the skin), or intravenous injection.

A doctor can prescribe naloxone to patients who are in medication-assisted treatment (MAT), especially if the patient is taking medications used in MAT or considered a risk for opioid overdose. Candidates for naloxone are those who:

Take high doses of opioids for long-term management of chronic pain

Receive rotating opioid medication regimens

Have been discharged from emergency medical care following opioid poisoning or intoxication

Take certain extended-release or long-acting opioid medications

Are completing mandatory opioid detoxification or abstinence programs

Pregnant women can be safely given naloxone in limited doses under the supervision of a doctor.

A doctor or pharmacist can show patients, their family members, or caregivers

how to administer naloxone. Intravenous injection every two to three minutes is recommended in emergencies.

Patients given an automatic injection device or nasal spray should keep the item available at all times. Medication should be replaced when the expiration date passes.

Naloxone is effective if opioids are misused in combination with other sedatives or stimulants. It is not effective in treating overdoses of benzodiazepines or stimulant overdoses involving cocaine and amphetamines. SAMHSA Naloxone

Responding to Opioid Overdose

Some trainers/educators find the SAVE ME acronym helpful for teaching the steps involved in

responding to an opioid overdose. Instruction on how to recognize and respond to overdose

can be found on the insert inside the naloxone kit. The steps involved in responding to an

opioid overdose will now be described in greater detail.

Stimulate: If Unresponsive call 911

If you suspect someone is having an opioid overdose, start by stimulating them to confirm that

they are unresponsive. Shout at them – use their name if you know it. Next do a sternal rub (make a fist and rub your knuckles along the person’s breast bone). You should always tell

someone what you are going to do before you touch them. If the person does not respond to sound or pain, then it is a medical emergency.

Calling 911 (or your local emergency response number)

If you are alone, you can put the phone on speaker. 911 dispatchers will walk you through the

steps of managing an overdose – including how to perform CPR. The Good Samaritan Drug

Overdose Act protects people who experience or witness an overdose and call 911 for help.

The Act provides immunity from charges for simple drug possession, breach of parole, pre-trial

release and conditional sentences. The Act does not protect those involved in drug trafficking,

drug production, or those with outstanding warrants.

Airway

Next, check the person’s mouth for any obstructions. Items like gum, dentures, or a syringe cap could be preventing the person from breathing properly. Remove any obstructions. Once you’ve confirmed the mouth is clear, tilt the person’s head back – this opens their airway.

Ventilate: Rescue Breathing

The next step is to breathe for the person. Opioid overdoses slow

breathing decreasing oxygen to the brain. By doing rescue breathing

throughout the overdose response, you help keep oxygen going to the

person’s brain until the naloxone takes effect. A mask is available in the Take Home Naloxone kit to provide a barrier – you can use a piece of clothing instead if you do not have a mask. To give breaths, keep the person’s head tilted back, pinch their nose, and give them 2 normal

sized breaths. You should be able to see their chest rise with each breath.

Evaluate

Sometimes giving a few breaths is enough for the person to regain consciousness. If they are

still unresponsive, it is time to give naloxone if you have it. If they are barely breathing (less

than 1 breath every 5 seconds) or not breathing, you should commence CPR. If you do not have

naloxone, you may still save the life of someone who has overdosed on opioids with CPR and

calling 911 if the overdose was very recent. You should give chest compressions and rescue breaths until first responders arrive [cycles of 30 compressions: 2 breaths]. 911 will instruct you how to give CPR.

Chest Compressions: To give chest compressions, place the heel of one hand on the breast bone in the center of the chest between the nipples, place your other hand on top of the first hand, push hard and fast 30 times, about 2 inches deep, and let the chest come all the way up between pumps. If there is an Automated External Defibrillator (AED) nearby it should be used. The AED can tell if the person's heart is still beating, and can shock the heart if required. If you do not have naloxone, you may still save the life of someone who has overdosed on opioids if the overdose was very recent.

Stimulate to confirm they are not responsive, and call 911.

Check their airway, and provide CPR [30 chest compressions: 2 breaths] until first responders arrive. Breaths are crucial in an overdose response. Oxygen keeps the brain alive.

Monitor the person for 3-5 minutes (7 cycles of CPR) after each dose is given. If the person does

not regain consciousness, repeat the same process with a 3rd dose of naloxone, and continue

with further doses (if available) until you run out of Naloxone.

Most overdoses will be reversed with one or two doses of naloxone, but occasionally a very strong overdose may require more naloxone than is in the kit. Overdoses that are not caused by opioids will not respond to naloxone. Calling 911 is important for these reasons.

While naloxone is a safe medication, individuals that are dependent on opioids may experience

unpleasant withdrawal symptoms like pain, sweating, agitation and irritability. For this reason,

it is important to give the lowest dose of naloxone required to reverse the overdose.

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The Recovery Position

If you have to leave an unconscious/unresponsive person at any point, put them in the recovery position. This helps to keep the airway clear from their tongue or vomit allowing them to breathe properly. During an opioid overdose, slowed breathing can cause the lungs to fill up with excess fluid – if you are not actively working on an individual (giving CPR or administering naloxone) put them in the recovery position.

To put someone in the recovery position, hold the leg and arm on the side of their body closest to you and roll them away from you. In the picture above it is the right leg and the right arm that get bent.

Aftercare

It is important to stay with someone who has overdosed after giving naloxone because:

- When the person wakes up they may have no memory of overdosing or receiving naloxone – gently explain to them what happened
- The person may experience withdrawal symptoms and want to take more drugs. The person should be discouraged from using more opioids or other drugs for at least 2 hours. Symptoms of withdrawal sickness will start to wear off in half an hour. Using more opioids will be a “waste”. While naloxone is in their system it blocks opioids from getting to receptors and they will continue to feel sick; using more opioids will also make

the overdose more likely to return

- It is helpful to be there to tell the emergency response team as much as you know – what drugs the person took, and what actions you have taken so far

Responding to a non-opioid depressant overdose

Non-opioid depressant overdoses (e.g. Xanax, alcohol, GHB) look like opioid overdoses (since

opioids also act as depressants). If you are certain that someone has not taken opioids, support

the person similarly to an opioid overdose without the administration of naloxone. In other

words, call 911 or your local emergency number and provide CPR. Naloxone has no effect on

depressant overdoses that do not involve opioids. However, if the overdose involves multiple

substances including opioids, it will temporarily take opioids out of the picture and if opioids are not involved, administering naloxone will not be harmful (it will have no effect).

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Chest Compressions and Rescue Breathing:

Most overdose response programs recommend giving rescue breaths in an opioid overdose

because opioids affect breathing first. If a person stops breathing, the heart will eventually stop.

Therefore, getting oxygen into the body is the first priority (rescue breathing) but circulating

that oxygen through the body (chest compressions) is also necessary. In an overdose that is

potentially fatal, the best way to prevent death is to provide chest compressions and rescue

breathing, in addition to naloxone. For these reasons, this training manual introduces rescue

breathing and chest compressions as part of a comprehensive response to opioid overdose.

Videos Recommended

Watch any or all of the following instructional videos to review the content covered in this

manual. Please note that chest compressions may not be included in the overdose response

steps covered in these videos:

- Naloxone Saves Lives (12:49 min) <https://vimeo.com/164669763>
- Naloxone Wakes You Up (youth focused) (6:29 min) <https://vimeo.com/180116125>
- SAVE ME Steps to Save a Life (3:21 min) <https://vimeo.com/185012011>

Introduction to the Manitoba Take-Home Naloxone Program

The Manitoba Take-Home Naloxone kits contain:

- Instruction sheet (French and English)
- Alcohol Swabs
- Gloves and a breathing mask to protect the

Let's start with a video, this will speed up your learning several areas when administering Naloxone.

Acknowledgements: The above training tip was adapted from the Toward the Heart Training Manual (www.towardtheheart.com) from the British Columbia Centre for Disease Control. Updated: July 2017 Manitoba Health, Seniors and Active Living Population Health and Health Equity.

VIDEO ONE:



ASSIGNMENT VIDEO: On www.youtube.com/

Search Title: Administering Naloxone

Duration: 11:27 min

Link: <https://www.youtube.com/watch?v=nurz9qPGKws>