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Recognition, Response and Administration of Naloxone  
**Opioid Overdose 101**

## Oklahoma First Responder Naloxone Initiative



# Collaborators

- City of Tulsa
- Tulsa Police Department
- Tulsa County Sheriff's Office
- Tulsa Fire Department
- Oklahoma Department of Mental Health & Substance Abuse Services
- Oklahoma State Department of Health
- Oklahoma Department of Public Safety
- EMSA

Recognition, Response and Administration of Naloxone (Narcan)  
Opioid Overdose 101

## Oklahoma First Responder Naloxone Initiative



# Learning Objectives

- Obtain baseline understanding of the opiate overdose problem
- Understand how opioids work
- Identify an opioid overdose
- Learn how to respond to an opioid overdose
- Learn how to administer naloxone, an opiate antidote
- Become familiar with OK statute §63-1-2506

Recognition, Response and Administration of Naloxone (Narcan)  
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TOPIC  
01

# Importance Of Overdose Prevention

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01 Importance  
of Overdose  
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"With prescription drug abuse, the only real shame is not seeking help."

**Gail Box** (mother of Austin Box)  
Austin Box "12" Foundation

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## Background

- Drug overdose is now the leading cause of injury death in the United States.<sup>1</sup>
- Opioid analgesics, such as **prescription painkillers**, account for about 80 percent of those deaths.<sup>1</sup>
- Overdose rates have increased five-fold since 1990.<sup>1</sup>

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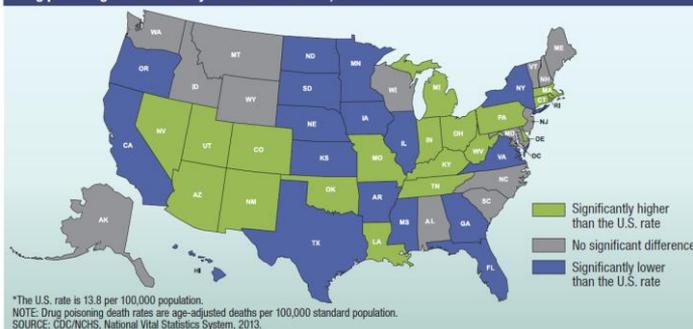
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## Oklahoma

- Oklahoma ranks 8<sup>th</sup> highest in drug overdose deaths nationally.<sup>2</sup>

Drug poisoning death rates\* by state: United States, 2013



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# Oklahoma

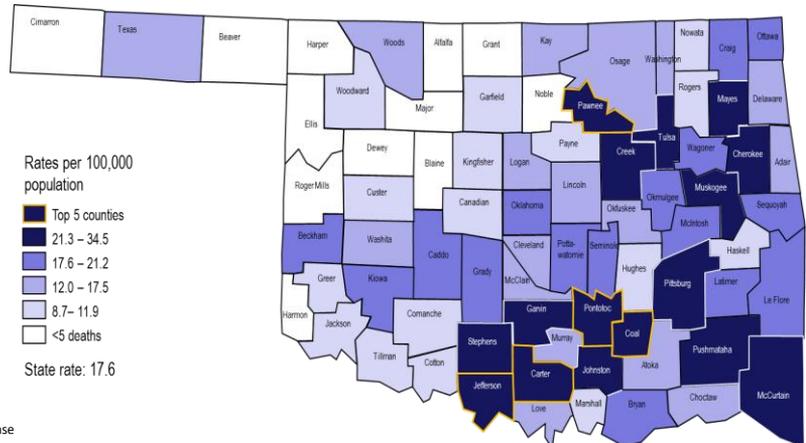
- Four out of five of unintentional poisoning deaths involved at least one prescription drug. Of those deaths, nearly 90% were related to prescription painkillers.<sup>3</sup>
- In 2014, Oklahoma ranked in the top five for per capita distribution of many common opioids, such as: hydrocodone (Lortab, Vicodin), morphine, fentanyl, and meperidine (Demerol).<sup>4</sup>
- More overdose deaths involved hydrocodone or oxycodone than all illegal drugs and alcohol combined.<sup>3</sup>
- Adults aged 35-54 had the highest death rate of any age group for both prescription and non-prescription-related overdoses.<sup>3</sup>

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## Unintentional Poisoning Death Rates by County of Residence<sup>1</sup>, 2007-2013



<sup>1</sup>County of residence was unknown for 39 persons.  
Source: OSDH, Injury Prevention Service, Unintentional Poisonings Database (Abstracted from Medical Examiner reports)

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## The Solution

- A multi-faceted approach to overdose prevention is required.
- A comprehensive array of efforts are underway in Oklahoma, including:



PREVENTION & EDUCATION



MONITORING & DIVERSION CONTROL



INTERVENTION & TREATMENT

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## The Solution

**Effective November 2013, Oklahoma Statute §63-1-2506.1**

Administration of opiate antagonists allows:

First responders shall have the authority to administer, without prescription, opiate antagonists when encountering an individual exhibiting signs of an opiate overdose.

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## The Solution

- For users who attempt to achieve abstinence from drugs, the average time from first treatment to last use is 9 years with multiple episodes of care (3 to 4).<sup>5</sup>
- Naloxone is a drug used to reverse the effects of opioids.
- Naloxone is safe and effective.
- Naloxone has no effect on non-opioid overdoses.

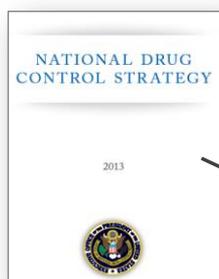
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## The Solution



### Widespread support for Naloxone programs:

- The White House, Office of National Drug Control
- Centers for Disease Control and Prevention
- Federal Drug Administration
- Substance Abuse and Mental Health Services Administration

**Recommendation D:**  
*Equip Health Care Providers and First Responders  
to Recognize and Manage Overdoses*

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CBS News:  
*Nose spray Narcan reverses overdoses in Mass. town at high rate*



**In the United States<sup>6</sup>:**

- **Over 640 naloxone programs**
- **Over 150,000 people trained**
- **Over 25,000 overdose reversals (lives saved)**

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TOPIC  
02

Opioid  
**Basics**

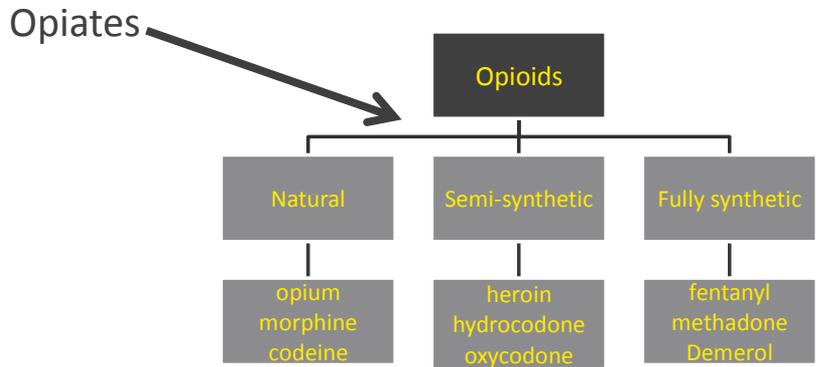


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**Opioid Overdose 101**

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**02** Opioid Basics

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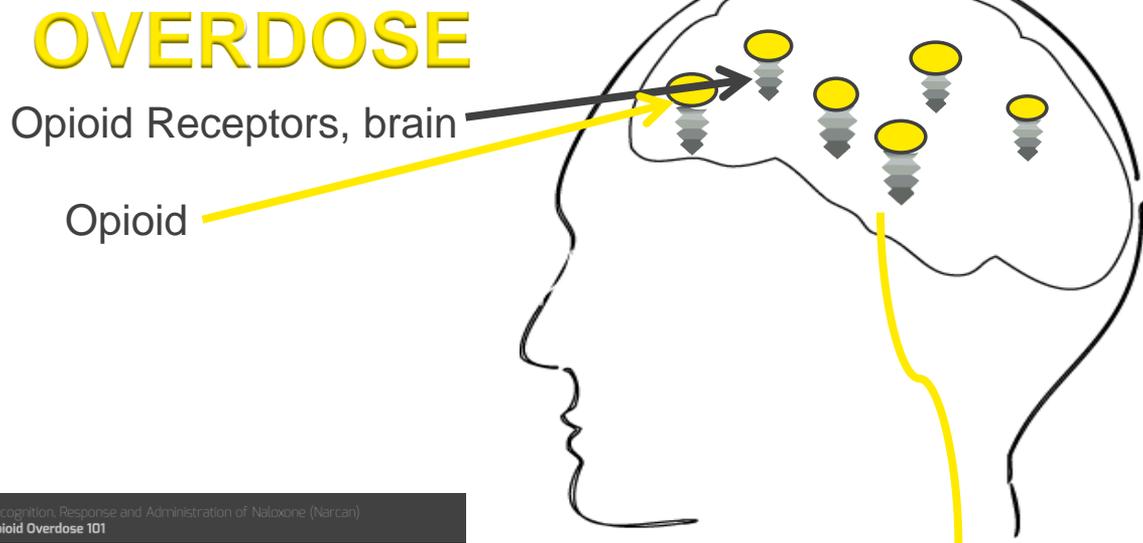
Opioids are used primarily in medicine for pain relief, treatment of opioid use disorders, and cough relief.



**All categories have overdose risk**

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How do opioids affect breathing?



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Opioid  
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## Naloxone

- Naloxone knocks the opioid off the opiate receptor
- Only blocks opioid receptors; no opioids = no effect
- Not harmful if no opioids in system
- *Temporarily* takes away the “high,” giving the person the chance to breathe
- Naloxone works in 1 to 3 minutes and lasts 30 to 90 minutes
- Naloxone can **neither** be abused nor cause overdose
- Only known contraindication is sensitivity, which is very rare
- *Too much* naloxone can cause withdrawal symptoms such as:
  - nausea/vomiting
  - diarrhea
  - chills
  - muscle discomfort
  - disorientation
  - combativeness

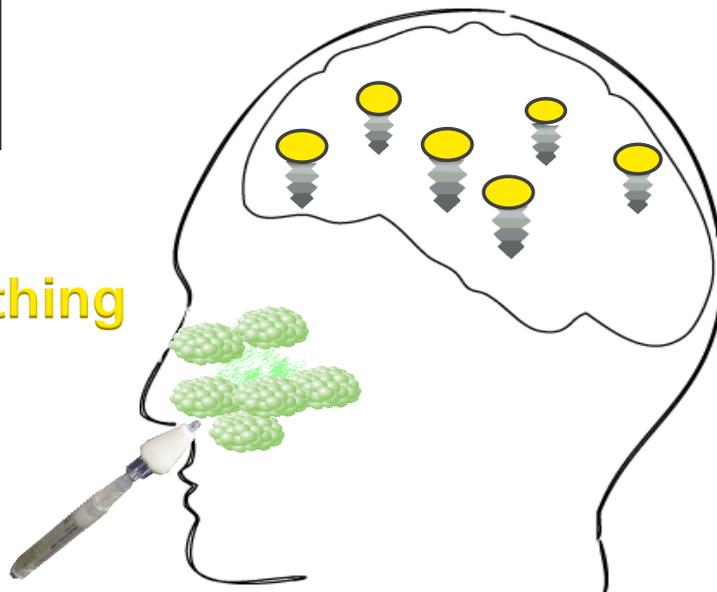
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Opioid  
Basics

## Restores breathing



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02

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**Little street value  
because they *cause*  
withdrawal symptoms**

**Street value because  
they *can relieve*  
withdrawal symptoms**

Narcan® = naloxone

- Reverses opioid overdose
- Short and fast-acting opioid blocker

Vivitrol® = naltrexone

- Treatment for opioid and alcohol addiction
- Long-acting opioid blocker

Suboxone® = buprenorphine + naloxone

- Treatment for opioid addiction
- The naloxone is added to discourage injecting or sniffing

Subutex® = buprenorphine only

- Treatment for opioid addiction in pregnant women

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03

# Identifying An Opioid Overdose

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Opioid  
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## Identify an Opioid Overdose

REALLY HIGH	OVERDOSE
Pupils pinned	Pupils pinned
Nodding, but arousable (responds to sternal rub)	Not arousable (no response to sternal rub)
Speech is slurred	Very infrequent or no breathing
Sleepy, intoxicated, but breathing <ul style="list-style-type: none"> <li>• 8 or more times per minute</li> </ul>	Breathing slow or stopped <ul style="list-style-type: none"> <li>• Less than 8 times per minute</li> <li>• May hear choking sounds or gurgling/snoring noises</li> <li>• Blue lips, blue fingertips</li> </ul>
<b>Stimulate and observe</b>	<b>Rescue breathe + give naloxone</b>

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## Environmental Clues



1. Recognize overdose symptoms +
2. Recognize drug paraphernalia +
3. Recognize the drug =  
**Recognize need for naloxone**

**Look for symptoms,  
but if uncertain - land on the side of naloxone**

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Opioid  
Basics

## Remember Scene Safety

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- Oncoming traffic
- Unstable surfaces
- Leaking gasoline
- Downed electrical lines
- Potential for violence
- Fire or smoke
- Hazardous materials
- Other dangers at crash or rescue scenes
- Crime scenes
- Needles

Assume all body fluids present a possible risk  
for infection>> wear gloves

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## Naloxone Intervention: Respond to an Opioid Overdose

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## Respond to Opioid Overdose

1. Stimulate
2. Alert EMS
3. Administer naloxone
4. CPR – Rescue breathing/ventilations
5. Repeat 3 & 4, if necessary
6. Recovery position, if breathing

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## Respond: Stimulate & Alert EMS

1. Stimulate victim with a sternal rub



2. If no response, delirious, or altered consciousness, call for EMS support

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**04** Naloxone Intervention:  
Respond to an Opioid Overdose



# Respond: Administer Naloxone

3. If no response from stimulation, give naloxone

Kit contents:

- Two (2) individual pre-filled syringes of Naloxone
- One (1) mucosal atomizer (nose pieces/spray device)



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**04** Naloxone Intervention:  
Respond to an Opioid Overdose



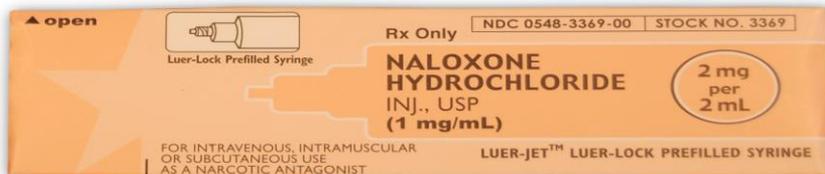
Mucosal Atomization Device (MAD)



Prefilled ampule of naloxone



Luer-lock syringe



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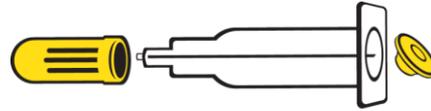
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Naloxone  
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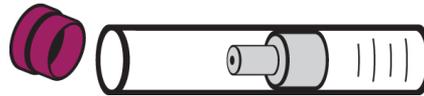
## How to Give Nasal Spray

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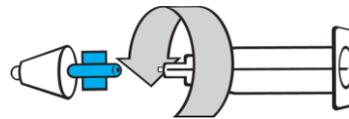
1. Remove yellow caps from delivery device



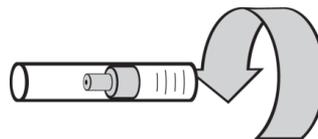
2. Remove purple cap from medication vial



3. Thread atomizer on to the top of the delivery device



4. Gently screw the medication vial into the delivery device until you feel it catch.



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## How to Give Nasal Spray

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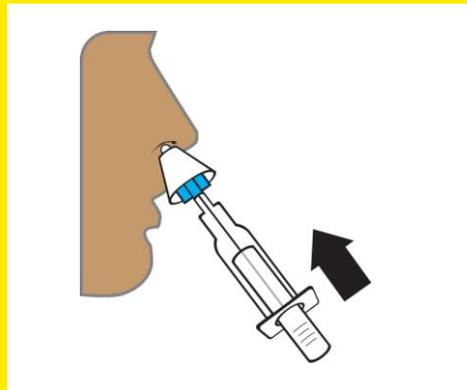
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## How to Give Nasal Spray

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5. Spray half (1 ml) up  
one nostril and half up  
the other nostril.



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Intervention:  
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Overdose

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## Respond: Rescue Breathing



4. Give rescue breaths<sup>7</sup>, if you have proper safety equipment and training
  - Place 1 hand on the chin and tilt head back to open airway
  - Make sure the airway is clear and remove anything in their mouth
  - Pinch the nose closed
  - Give 2 slow rescue breaths into the mouth
  - Use a rescue breathing mask if available
  - Use a bag valve mask if you are trained

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## Respond: Rescue Breathing



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4. Give rescue breaths<sup>7</sup>, if you have proper safety equipment and training
  - Make sure the chest (not the stomach) is rising with the breaths
  - Give 1 breath every 5 seconds until the person can breath on their own
  - If no pulse, start CPR

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Intervention:  
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## Respond: Repeat 3 & 4 if Necessary

5. After 3-5 minutes, if the victim is still unresponsive with slow or no breathing, administer another dose of naloxone and continue rescue breathing.

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## Respond: Recovery Position

6. Recovery position, when breathing is restored



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## Review: Respond to Opioid Overdose

1. Stimulate
2. Alert EMS
3. Administer naloxone
4. CPR – Rescue breathing/ventilations
5. Repeat 3 & 4, if necessary
6. Recovery position, if breathing

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## Respond to Opioid Overdose:

Naloxone Administration

### Intranasal delivery route has advantages:

- Uncomplicated and convenient
- Nose is an easy access point for medication delivery
- It is painless
- No shots needed
- It eliminates any risk of a needle stick

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## Naloxone Deployment & Supply:

- Initial supply = 2 units per kit
- Inventory & re-supply actions should be outlined in protocol
- Use it/Lose it = request re-supply
- Personnel turnover = manage equipment accordingly
- Store naloxone per manufacturer guidelines

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## Respond to Opioid Overdose: Naloxone Administration

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***Used naloxone dispensing devices can be utilized for training purposes – Simply follow these steps:***

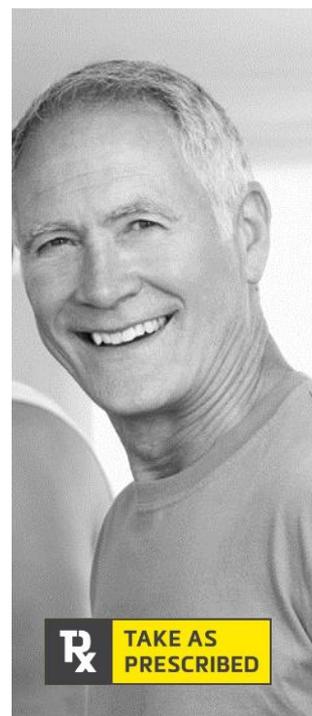
1. Screw atomizer on to the top of the delivery device.
2. Screw medication vial into delivery device.
3. Push the medication vial all the way into the delivery device.
4. Insert the tip of the atomizer into a cup of water and draw up 2 mls of liquid into the device (until the bottom of the gray stopper is at the 0 ml mark).
5. Gently pull back on the medication vial until the bottom of the gray stopper inside the vial is at the 0 ml mark.
6. Replace purple stopper on medication vial.
7. Remove atomizer and replace both yellow caps.
8. The device is now ready to be used for training purposes.

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## Relevant Procedures and Legal Issues

Recognition, Response and Administration of Naloxone (Narcan)  
Opioid Overdose 101



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TOPIC

05

Relevant  
Procedures  
and Legal Issues



## Legal Considerations:

Oklahoma Naloxone Law

### Okla. Stat. tit. 63, § 1-2506.1 Administration of opiate antagonists effective November 1, 2013.

A. First responders shall have the authority to administer, without prescription, opiate antagonists when encountering an individual exhibiting signs of an opiate overdose. For the purposes of this provision, a first responder shall include:

1. Law enforcement officials;
2. Emergency medical technicians;
3. Firefighters; and
4. Medical personnel at secondary schools and institutions of higher education.

B. Any first responder administering an opiate antagonist in a manner consistent with addressing opiate overdose shall be covered under the Good Samaritan Act.

Recognition, Response and Administration of Naloxone (Narcan)  
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## Legal Considerations:

Oklahoma Naloxone Law

### Okla. Stat. tit. 63, § 1-2506.2 Prescription of opiate antagonists to family members

A. Upon request, a provider may prescribe an opiate antagonist to an individual for use by that individual when encountering a family member exhibiting signs of an opiate overdose.

B. When an opiate antagonist is prescribed in accordance with subsection A of this section, the provider shall provide:

1. Information on how to spot symptoms of an overdose;
2. Instruction in basic resuscitation techniques;
3. Instruction on proper naloxone administration; and
4. The importance of calling 911 for help.

C. Any family member administering an opiate antagonist in a manner consistent with addressing opiate overdose shall be covered under the Good Samaritan Act.

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Relevant  
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## Documentation:

Naloxone Training Form

- Used every time you train others
- Sign-in sheet
- Pre/post training evaluation used to report knowledge and perception of project

Accessible through [TakeAsPrescribed.org](http://TakeAsPrescribed.org) website or equipment officer

Recognition, Response and Administration of Naloxone (Narcan)  
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## Documentation:

Naloxone Administration  
Reporting Form

- Used to report overdose events
- Check boxes used to describe overdose events
- No identifying information on victim is reported
- Needs to be completed right away

Accessible through [TakeAsPrescribed.org](http://TakeAsPrescribed.org) website or equipment officer

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06

Recap/  
Questions  
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## Review Learning Objectives:

- Obtain baseline understanding of the opiate overdose problem
- Understand how opioids work
- Identify an opioid overdose
- Learn how to respond to an opioid overdose
- Learn how to administer naloxone, an opiate antidote
- Become familiar with OK statute §63-1-2506

Recognition, Response and Administration of Naloxone (Narcan)  
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06

Recap/  
Questions  
and Answers

## For Campaign Information:

*Oklahoma Department of Mental Health and  
Substance Abuse Services*  
*Odmhsas.org*  
*405.522.3908*

Visit [TakeasPrescribed.org](http://TakeasPrescribed.org)



Recognition, Response and Administration of Naloxone (Narcan)  
Opioid Overdose 101

# Acknowledgements

Austin Box "12" Foundation

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Maya Doe-Simkins, MPH

Oklahoma Board of Pharmacy

Oklahoma Department of Mental Health and  
Substance Abuse Services

Oklahoma Department of Public Safety

Oklahoma Poison Control Center

Oklahoma State Department of Health

Tulsa Health Department, Regional Prevention  
Coordinator

Tulsa County Sheriff's Office

Tulsa Fire Department

Tulsa Police Department



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