



Office of Clinical and Preventive Services
Division of Clinical and Community Services



2019

**NATIONAL
CLINICAL
&
COMMUNITY-BASED
SERVICES**

CONFERENCE

Indian Health Service Community Naloxone Training Program



Naloxone Training Outline

- Introduction to the Opioid Crisis
- Naloxone
- Naloxone Administration

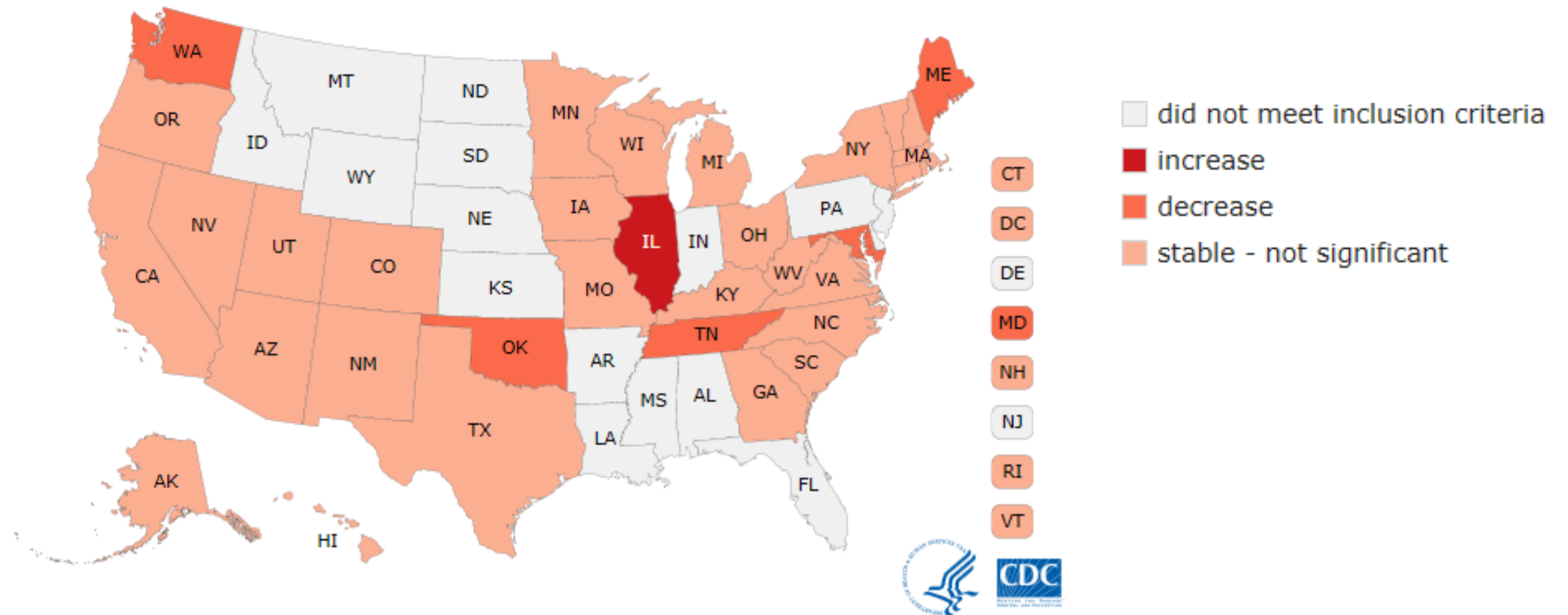
INTRODUCTION

National Opioid Crisis

- The United States is experiencing an epidemic of opioid overdose deaths from both prescription and illicit opioids
- In 2016, the number of opioid overdoses was 5 times higher than in 1999
- On average 130 Americans die every day from an opioid overdose
- The most recent trend began in 2013 with significant increases in deaths caused by illicitly-manufactured fentanyl

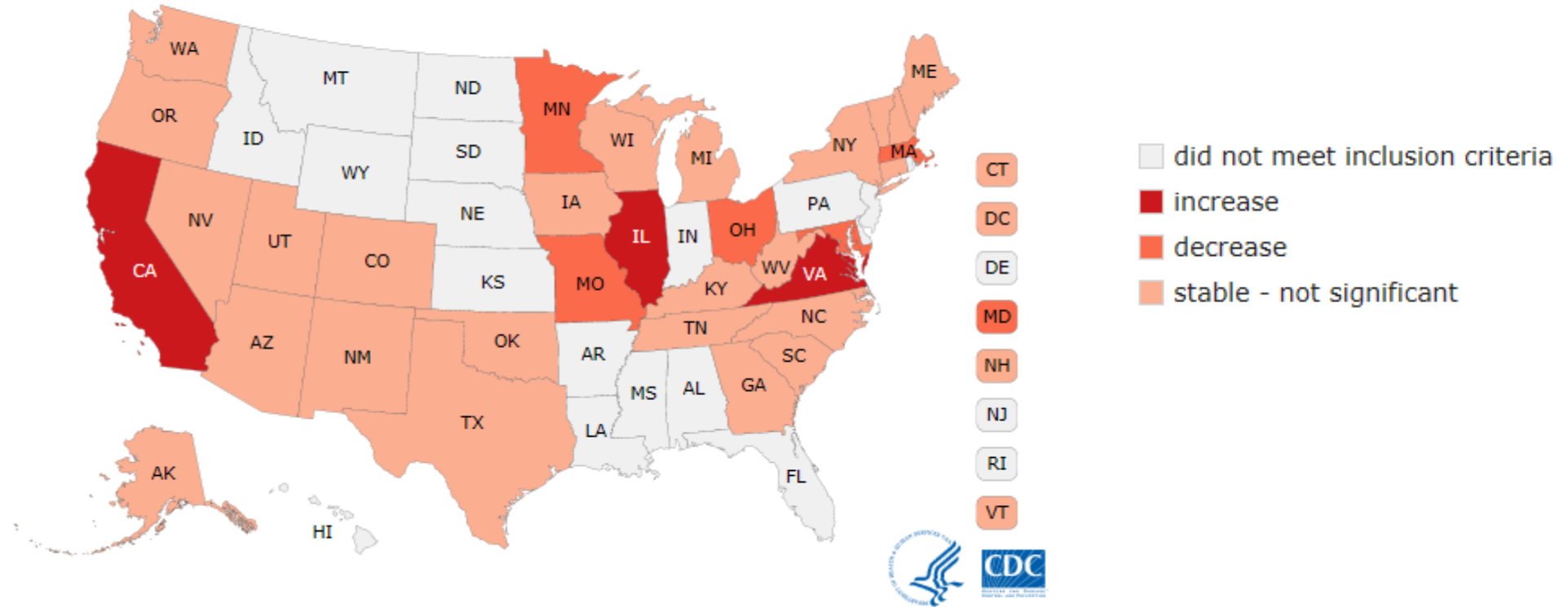
R_x Opioid Overdose Deaths: 2016-2017

Statistically significant changes in drug overdose death rates involving prescription opioids by select states, United States, 2016 to 2017

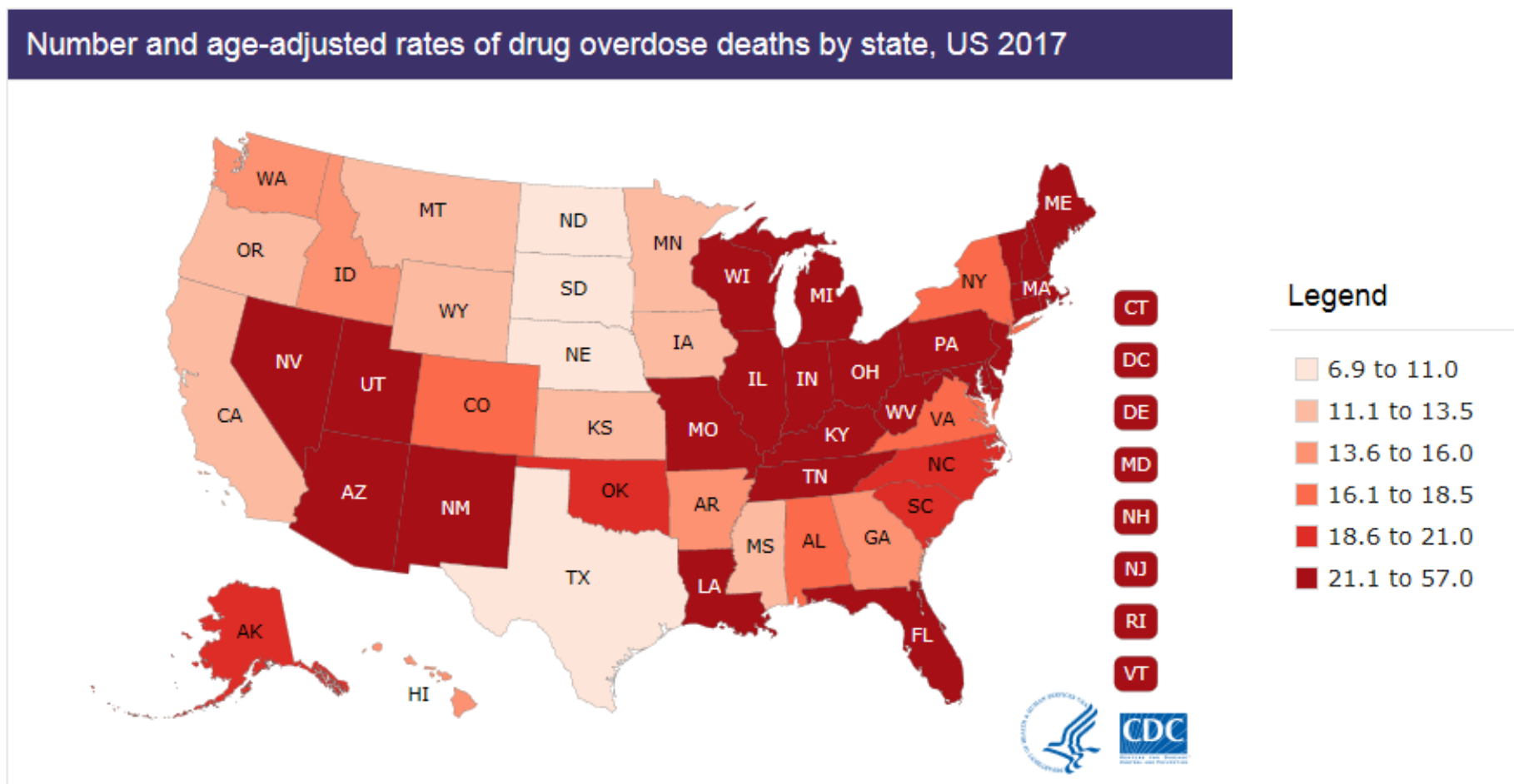


Heroin Overdose Deaths: 2016-2017

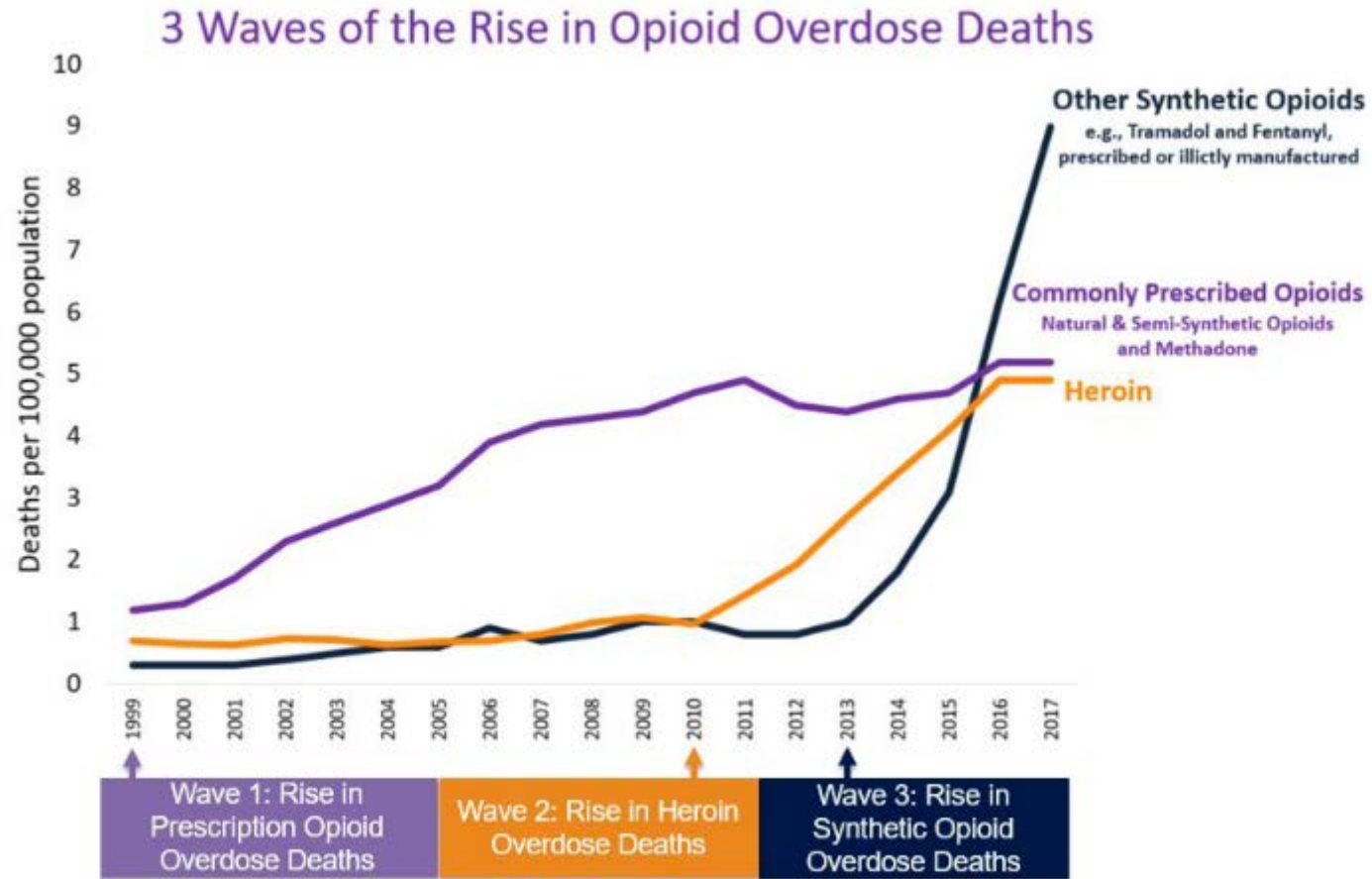
Statistically significant changes in drug overdose death rates involving heroin by select states, United States, 2016 to 2017



Overdose deaths 2017



US drug overdose deaths: Opioid categories



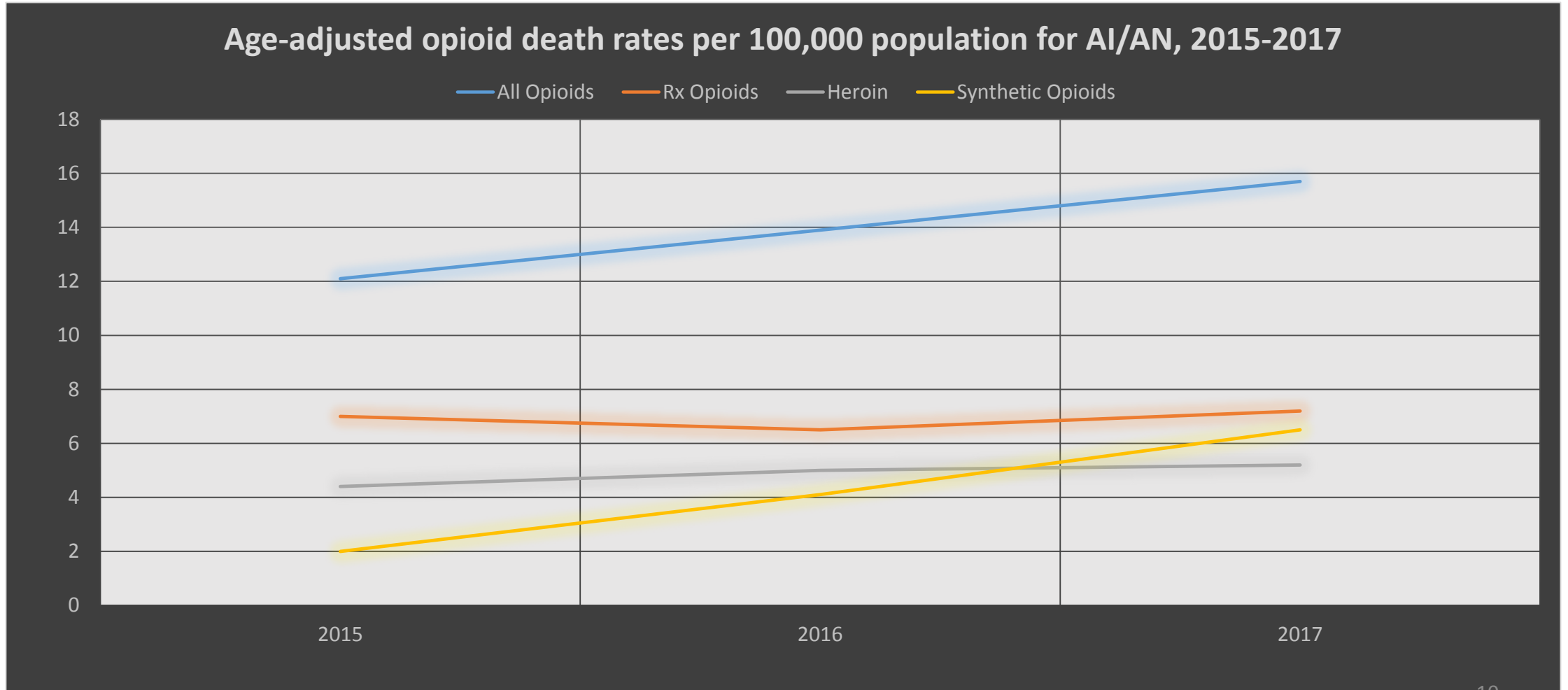
SOURCE: National Vital Statistics System Mortality File.

SOURCE: NCHS, National Vital Statics System, Mortality

Opioid Overdose Death Rates

- CDC data indicates that American Indians and Alaska Natives (AI/AN) had the 2nd highest overdose death from rates from all opioids in 2017 (15.7 deaths/100,000 population) among racial/ethnic groups in the US
- AI/AN had the highest overdose death rate for prescription opioids (7.2)
- AI/AN had the 2nd highest overdose death rates from heroin (5.2)
- AI/AN had the 3rd highest from synthetic opioids (6.5)
- The overall rate of overdose deaths for AI/AN has increased by **13%** between 2015-2017

Opioid Overdose Death Rates for Ai/an



Definitions

Opioid

- A controlled substance derived from opium or a synthetically manufactured medication, that includes but is not limited to, heroin, morphine, codeine, oxycodone (Oxycontin[®]), hydrocodone (Vicodin[®], Norco[®]), fentanyl (Duragesic[®]), hydromorphone (Dilaudid[®]), oxymorphone (Opana[®]), and methadone

Opioid Overdose

- An acute condition when an excessive amount of opioid is swallowed, inhaled, injected or absorbed through the skin, intentionally or unintentionally, leading to respiratory depression and possibly death

First Responders

- A person who is designated to immediately respond to an emergency and may include law enforcement officers, fire department, or other trained non-health care providers

How Overdose Occurs

*Opioids suppress the urge to breath

*Carbon dioxide levels increase

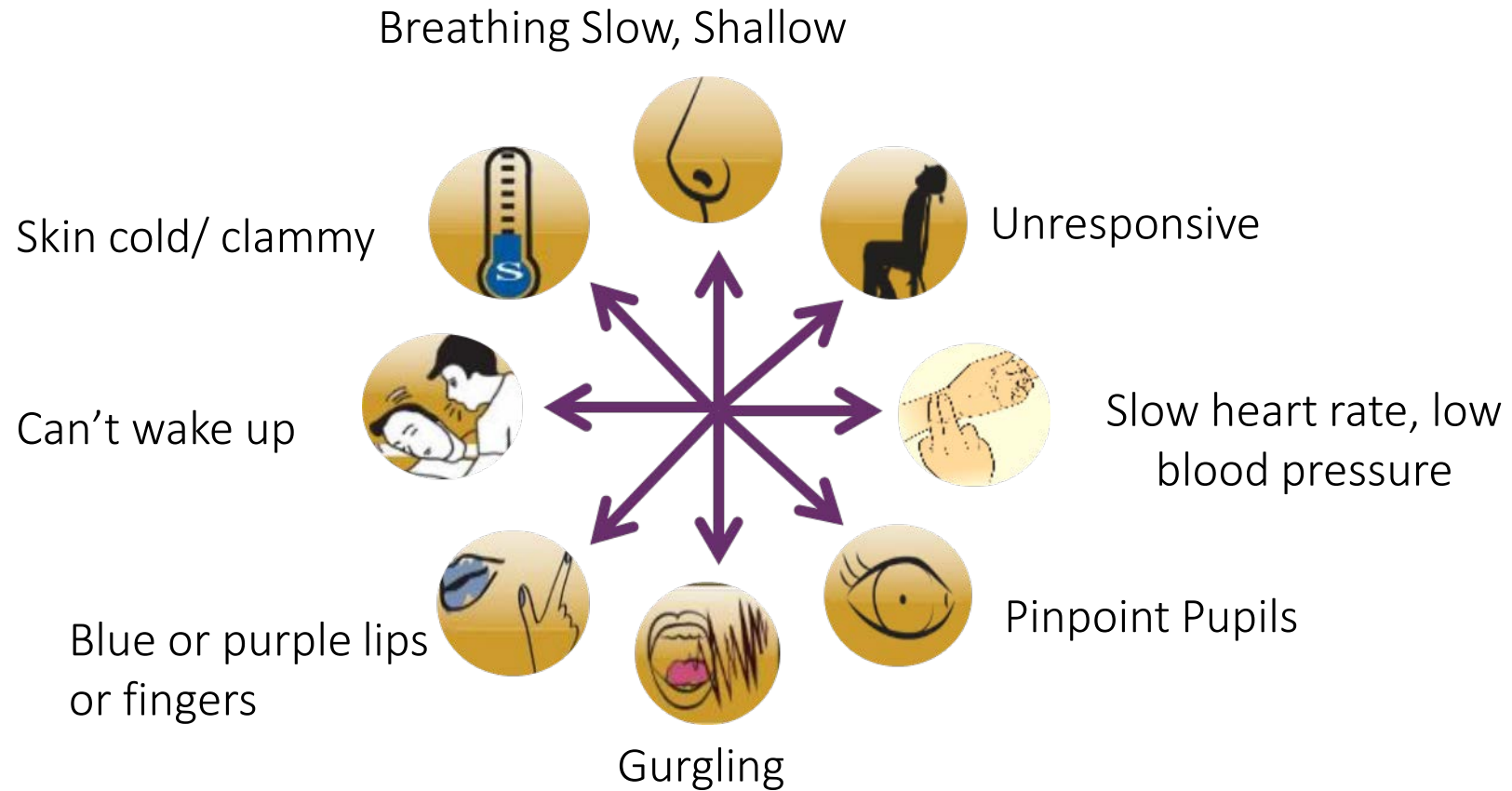
*Oxygen levels decrease

*Process takes times

*There is time to respond, but no time to waste

- **1. Slow breathing**
- **2. Breathing stops**
- **3. Lack of oxygen may cause brain damage**
- **4. Heart stops**
- **5. Death**

Opioid Overdose Signs & Symptoms



Naloxone

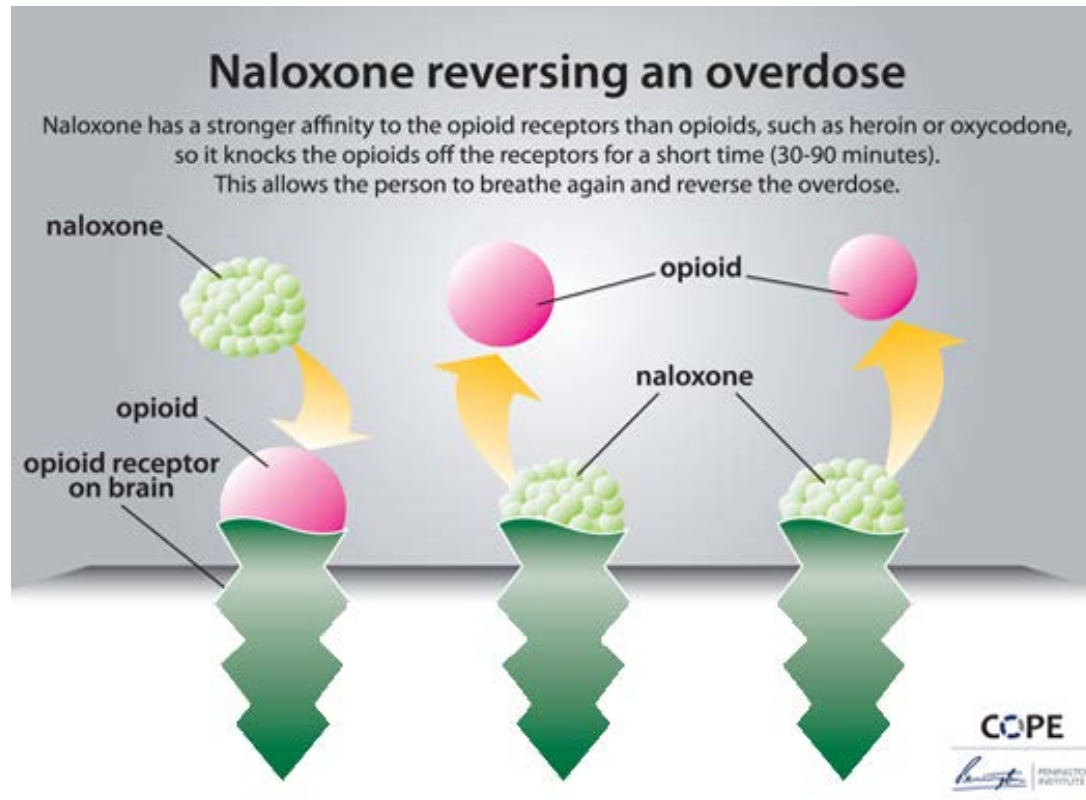
Naloxone (Narcan[®])



Naloxone

- An opioid antagonist that can temporarily reverse the effects of an opioid overdose and prevent death. (More than one dose may be necessary to maintain opioid reversal)

Naloxone In Action



- “Knocks” the opioid off the opiate receptor
- No opioids = no effect
 - Not harmful if no opioids in bloodstream
- Effective usually in 1 to 3 minutes
 - Effects last between 30 to 90 minutes
- Can **NOT** be abused to get high

What Does Naloxone Reverse?

Does Reverse:

Opioids

Heroin

Does NOT Reverse:

Cocaine

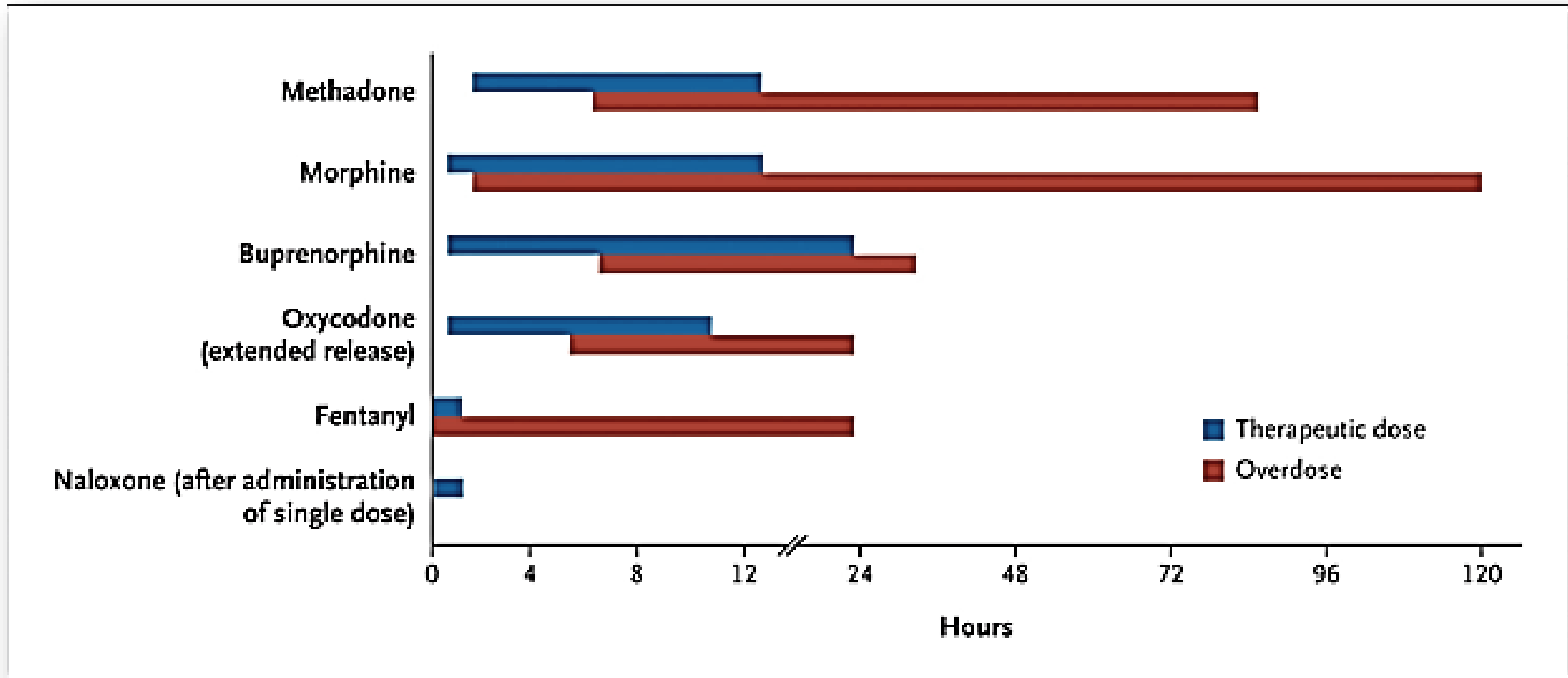
Methamphetamines

Valium

Xanax

Alcohol

Naloxone Wears Off!



Continued Medical Treatment is Critical

Who is at Risk for Overdose?

The **MOST** likely person to overdose is an opioid dependent person:

- Recently underwent detoxification or incarceration
- IV drug use
- High dose prescription drug use
- Concurrent use with other sedating medications
- History of substance abuse
- Health issues: asthma, COPD, sleep apnea, dementia, kidney disease, elderly

Why Should You Carry Naloxone?

- The life-saving benefits of naloxone in reversing opioid overdose is clear
- Community members are frequently the first to arrive at the scene of an overdose
- Delay in administering naloxone can lead to avoidable death and injury

NALOXONE ADMINISTRATION

Scene Safety

- First responders shall use universal precautions including being aware of potential harmful weapons and drug paraphernalia such as needles
- First responders should conduct assessment of the patient including taking into consideration statements from witnesses regarding drug use
- If the first responder suspects an opioid overdose, naloxone should be administered to the patient



First Responder Instructions

1. Activate 911 & report someone is unresponsive or not breathing

2. Check for Signs of Opioid Overdose

3. Support Breathing

➤ Verify airway is clear

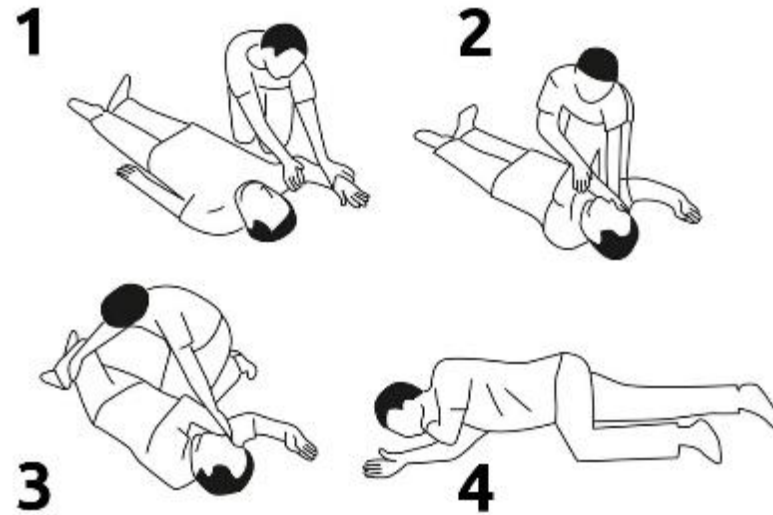
➤ Perform head-tilt chin-lift and pinch nose closed

➤ Perform 2 rescue breaths and repeat 1 breath every 5 seconds for 1 minute



First Responder Instructions

- Administer naloxone and continue rescue breathing
- Place in Recovery Position when independent breathing begins
- Get to Emergency Care

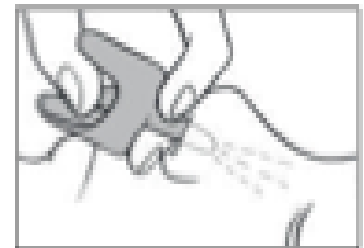
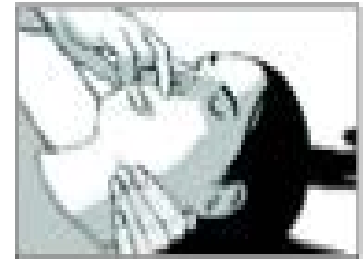


Narcan[®] Nasal Spray

- Remove naloxone from the box
- Peel back the tab with the circle at the top right corner to open
- Hold the naloxone with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle
- Tilt the person's head back and provide support under the neck with your hand
- Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose

Narcan[®] Nasal Spray

- Press the plunger firmly to give the dose of the naloxone
- If the person does not respond by breathing normally continue rescue breathing
- A dose can be given every 2 to 3 minutes until independent breathing begins
- Repeat naloxone administration in the opposite nostril if necessary
- If no response, continue to repeat naloxone administration if available until EMS has arrived



NARCAN[®] (naloxone HCl) **NASAL SPRAY**

QUICK START GUIDE Opioid Overdose Response Instructions

Narcan nasal spray quick start guide

Use NARCAN Nasal Spray (naloxone hydrochloride) for known or suspected opioid overdose in adults and children.

Important: For use in the nose only.

Do not remove or test the NARCAN Nasal Spray until ready to use.

1 Identify Opioid Overdose and Check for Response

Ask person if he or she is okay and shout name.

Shake shoulders and firmly rub the middle of their chest.

Check for signs of opioid overdose:

- Will not wake up or respond to your voice or touch
 - Breathing is very slow, irregular, or has stopped
 - Center part of their eye is very small, sometimes called "pinpoint pupils"
- Lay the person on their back to receive a dose of NARCAN Nasal Spray.

3 Call for emergency medical help, Evaluate, and Support

Get emergency medical help right away.

Move the person on their side (recovery position) after giving NARCAN Nasal Spray.

Watch the person closely.

If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.

Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.

2 Give NARCAN Nasal Spray

Remove NARCAN Nasal Spray from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.



Hold the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



Gently insert the tip of the nozzle into either nostril.

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril**, until your fingers on either side of the nozzle are against the bottom of the person's nose.



Press the plunger firmly to give the dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.



Maintaining Overdose Reversal

- Naloxone's effect lasts **30 to 90 minutes** depending on the route of administration
- Naloxone may need to be **repeated every 20 to 60 minutes** to maintain opioid reversal

Naloxone Side Effects

- Agitation
- Nausea and vomiting
- Excessive sweating
- Runny or bloody nose
- Fast heartbeat
- High blood pressure

Ensuring Higher Level of Care

- After naloxone administration, the patient should be continued to be observed until EMS arrives or transport to a medical facility occurs

Do's and Don'ts

- Do support breathing by performing rescue breathing
- Do put in recovery position
- Do stay with the person and keep them warm
- **Don't** forcefully stimulate the person, only shout, do sternal rub, or light pinching to
- **Don't** put the person in a cold bath or shower
- **Don't** inject the person with any substance (saltwater, milk, "speed", heroin, etc.)
- **Don't** try to make the person vomit

Naloxone Storage

- Store at controlled room temperature 59°F to 77°F
 - Excursions permitted between 39°F to 104°F
- Do not freeze
- Protect from light
- Store in the blister and cartons provided

Narcan[®] Nasal Spray

Indian Health Service First Responder Training Video

<https://www.ihs.gov/odm/first-responders/toolkit/>

Frequently Asked Questions

Is there an age cutoff for naloxone administration?

- No, it can be given to any age

What do you do if someone is suspected to be pregnant?

- Naloxone is safe in pregnancy, ensure they get to emergency care following administration

If it is unknown why someone is down and unresponsive, should I give naloxone? Or what will happen if naloxone is given to someone who did not have an opioid overdose?

- Yes naloxone should be given to someone found unconscious
- Naloxone will not harm someone if they have not overdosed from opioids and can only help them if that is the problem

Frequently Asked Questions

What happens if I accidentally expose myself to naloxone?

- Nothing, if it gets on the skin or in mouth it will have no effect

How quickly does the naloxone work?

- Onset depends on the route of administration:
 - Intravenous can take 2 – 3 minutes
 - Intramuscular/Subcutaneous can take up to 15 minutes
 - Intranasal has not be determined, but likely between these two time periods

Frequently Asked Questions

Can naloxone still be used if recently expired or stored outside of the recommended temperatures if haven't been replaced yet?

- Yes, if this is the only naloxone available it won't hurt the patient, but may not be as effective

Can I store the naloxone in my vehicle during the day during extreme temperature changes?

- No, naloxone can withstand being out of recommended temperature changes only for short periods of time
- Recommended temperatures are 59°F to 77°F with excursions permitted between 39°F to 104°F

Frequently Asked Questions

How much naloxone is too much? How many doses can you give?

- There is not a maximum dose, it can be given every 2 – 3 minutes until there is a response or emergency medical services assumes care

If someone starts to breath after one dose but is not fully conscious, should a second dose be given?

- Yes, naloxone should be given every 2 – 3 minutes until a full response of regaining consciousness and breathing 12 – 20 breaths per minute (18 – 40 breaths if under 6 years old)

When do you do rescue breathing versus full cardiopulmonary resuscitation (CPR)?

- If response is early enough only rescue breathing is needed, however if there is no pulse proceed with full CPR efforts

Frequently Asked Questions

If someone has a facial defect such as from a previous burn, can naloxone be given orally?

- No, naloxone will not work if given orally

When should the naloxone be replaced?

- Expired
- Has crystallized or has visible particles upon inspection
- Has been kept out of temperature range for more than a short period of time or has ever been stored at less 39°F or more than 104°F
- After use in an incident

Frequently Asked Questions

Is naloxone just a “safety net” that allows users to use even more opioids?

- Increasing availability of naloxone to reduce deaths does not provide incentive to use or abuse opioids, the behavior will exist with or without naloxone. Naloxone can cause intense withdrawal symptoms that are extremely unpleasant, which no user desires to experience. Providing naloxone is one approach to dealing with this national epidemic. Other strategies include safe opioid prescribing practices and increasing access to Medication Assisted Treatment (MAT) such as buprenorphine (Suboxone®) and methadone.

Will the patient “wake up” agitated and aggressive?

- It is possible, but some can wake up slowly as well. Using needleless administration of naloxone was designed for quick and safe administration to prevent injury for emergency responders.