

Indian Health Service First Responder Naloxone Training

Frequently Asked Questions

1) Is there an age cutoff for naloxone administration?

No, it can be given to any age

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

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

3) 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 down. Naloxone will not harm someone if they have not overdosed from opioids and can only help them if that is the problem.

4) What happens if I accidentally expose myself to naloxone?

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

5) How quickly does the naloxone work?

Onset depends on the route of administration:

- Intravenously can take 2 – 3 minutes
- Intramuscular/Subcutaneously can take up to 15 minutes
- Intranasal has not be determined, but likely between these two time periods

6) 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

7) 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.

8) 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

9) 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)

10) 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

11) 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

12) Can I give my naloxone to another officer on the scene that has used their supply already?

Yes, but all doses given in an incident should be reported using appropriate paperwork

13) When should the naloxone be replaced?

- Is 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

14) Where can naloxone be replaced?

Only Federal Indian Health Service Pharmacies

15) 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.

16) Will the patient “wake up” agitated and aggressive?

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