



# Module 4: Identifying and Responding to an Opioid Overdose



# Objectives

- Given a patient case, identify the signs and symptoms of opioid overdose.
- Describe the steps necessary to respond to an opioid overdose.



# Opioid Overdose



# Case

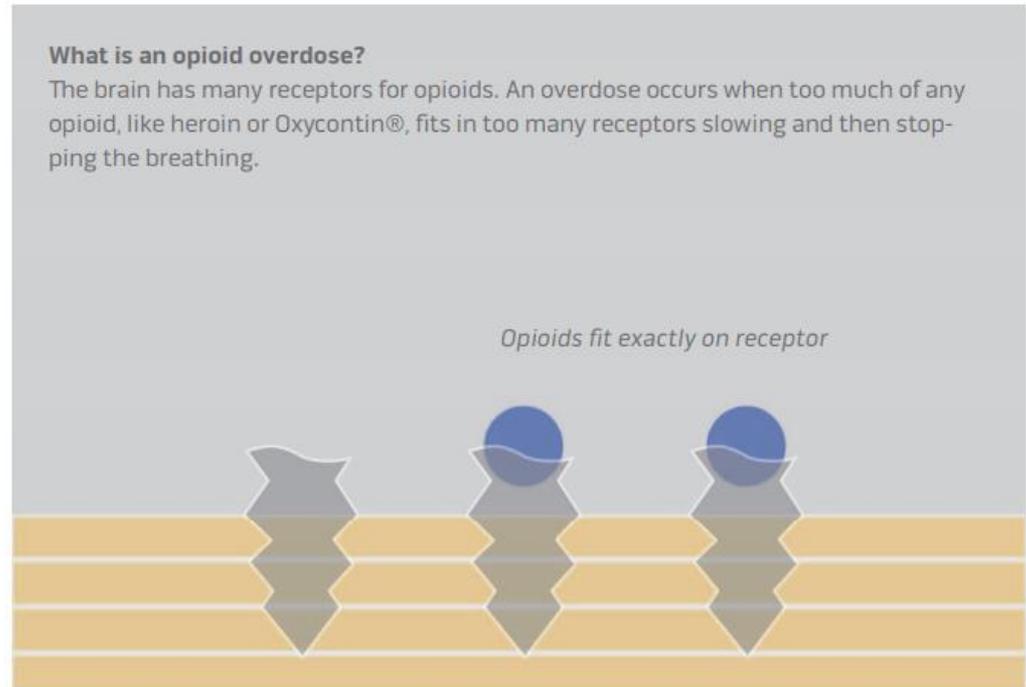
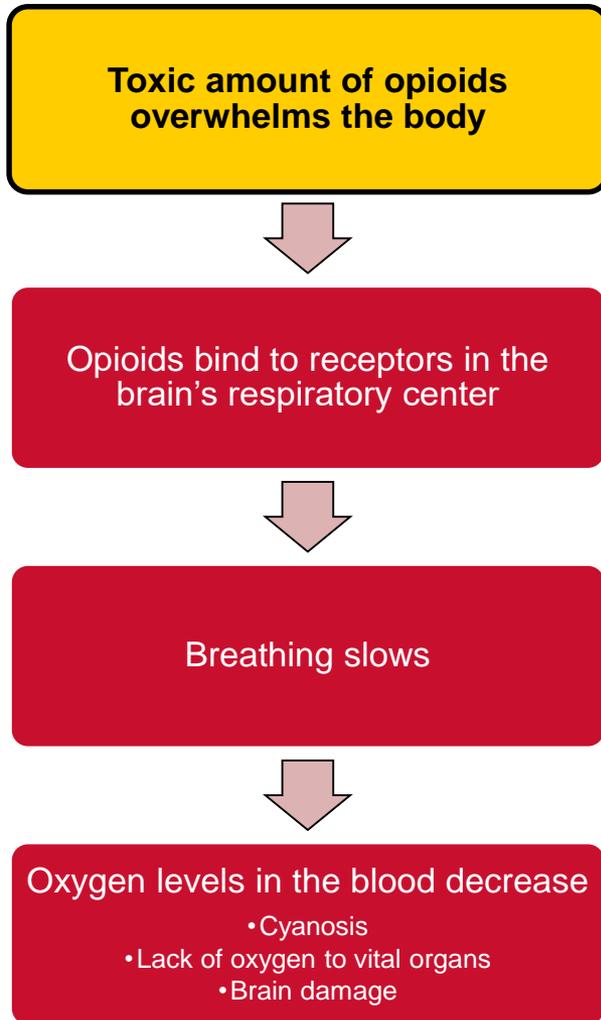
## What could have happened to Abe?

As you walk into the pharmacy, a loud snoring sound gets your attention. You see one of your clients, Abe, slumped over on a blood pressure machine. He is making loud gurgling noises. It looks like it is difficult for him to breath. His lips and fingers are blue.

## Could Abe be experiencing an opioid overdose?



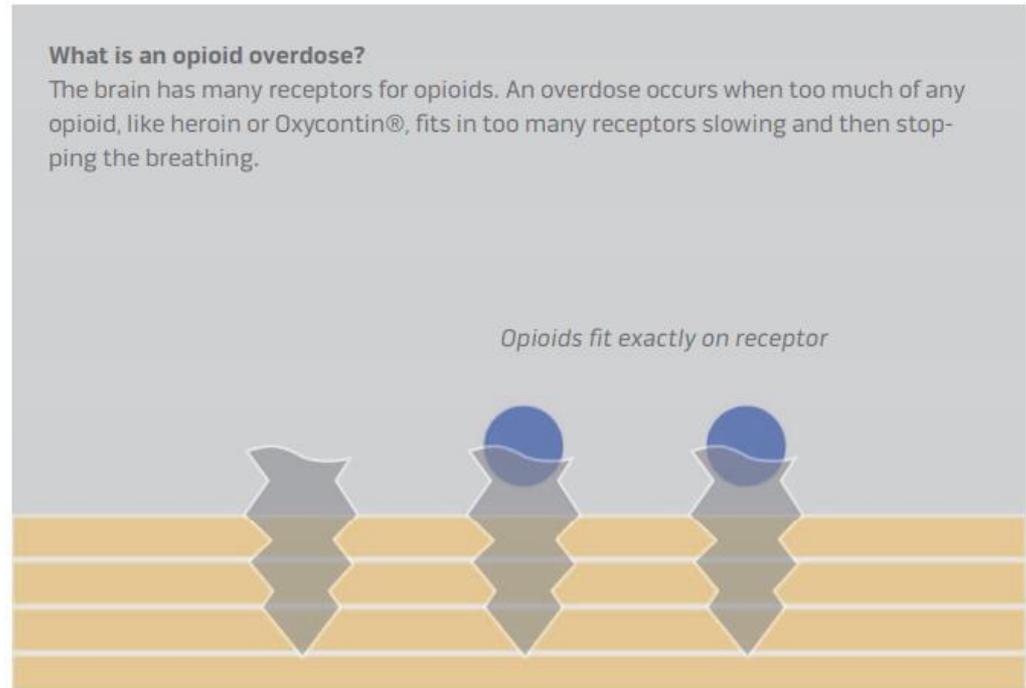
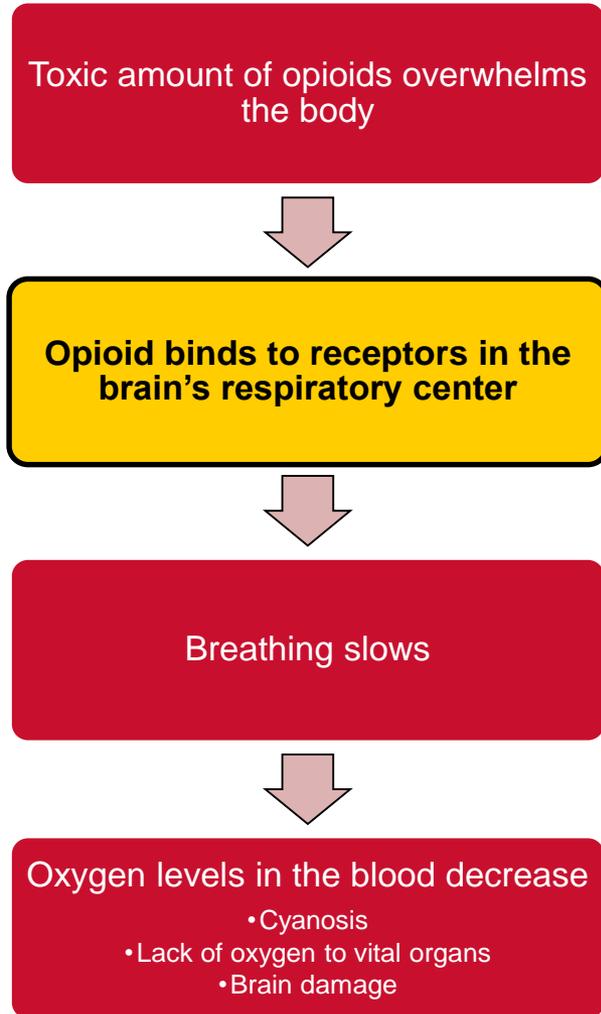
# What happens during an opioid overdose?



Source: Harm Reduction Coalition. Adapted from graphic by Maya Doe-Simkins



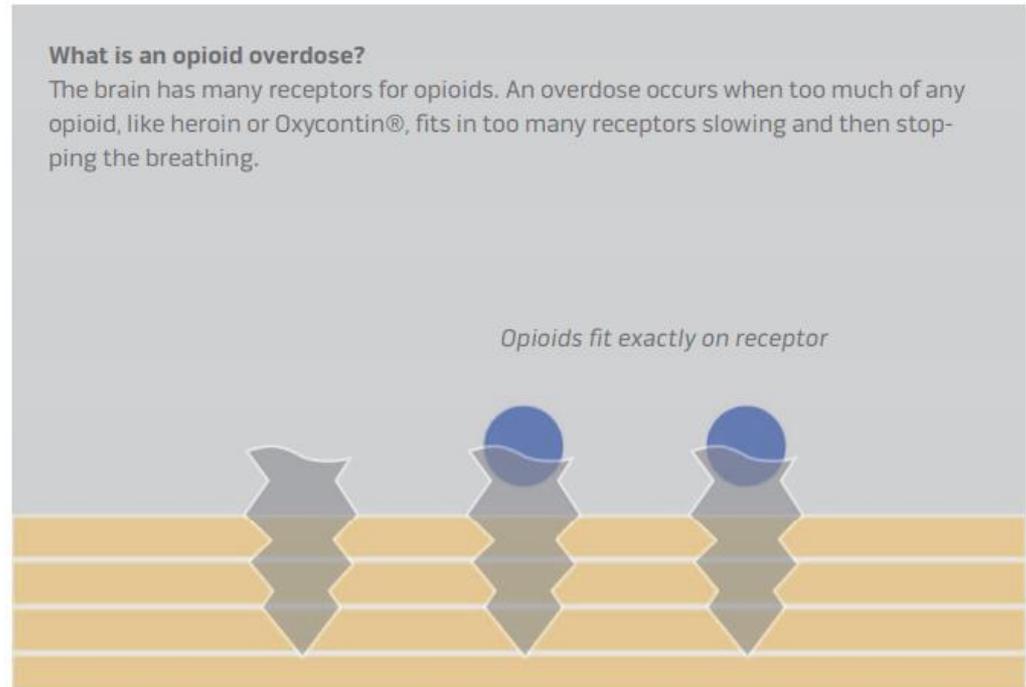
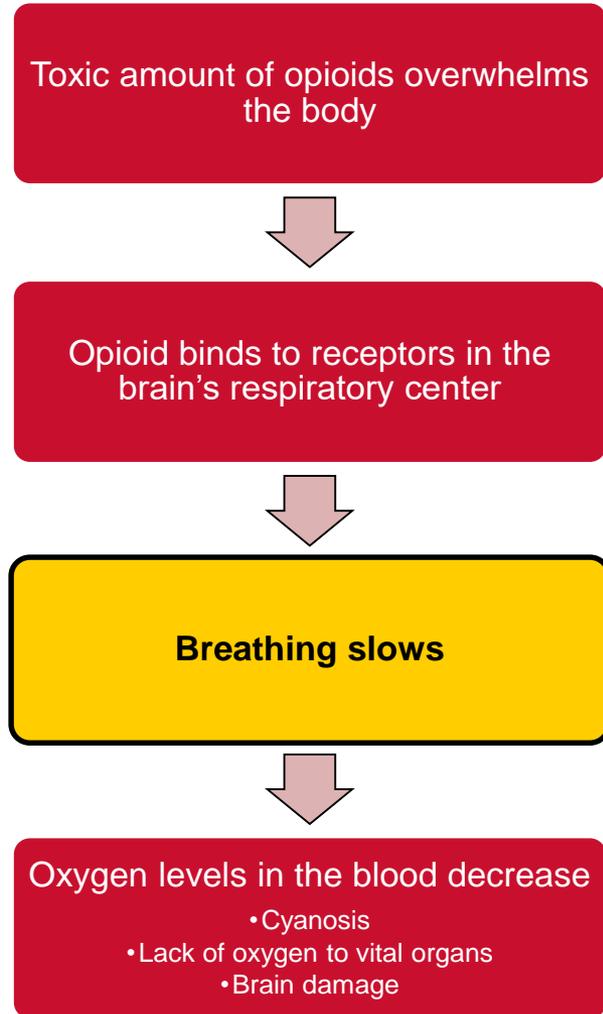
# What happens during an opioid overdose?



Source: Harm Reduction Coalition. Adapted from graphic by Maya Doe-Simkins



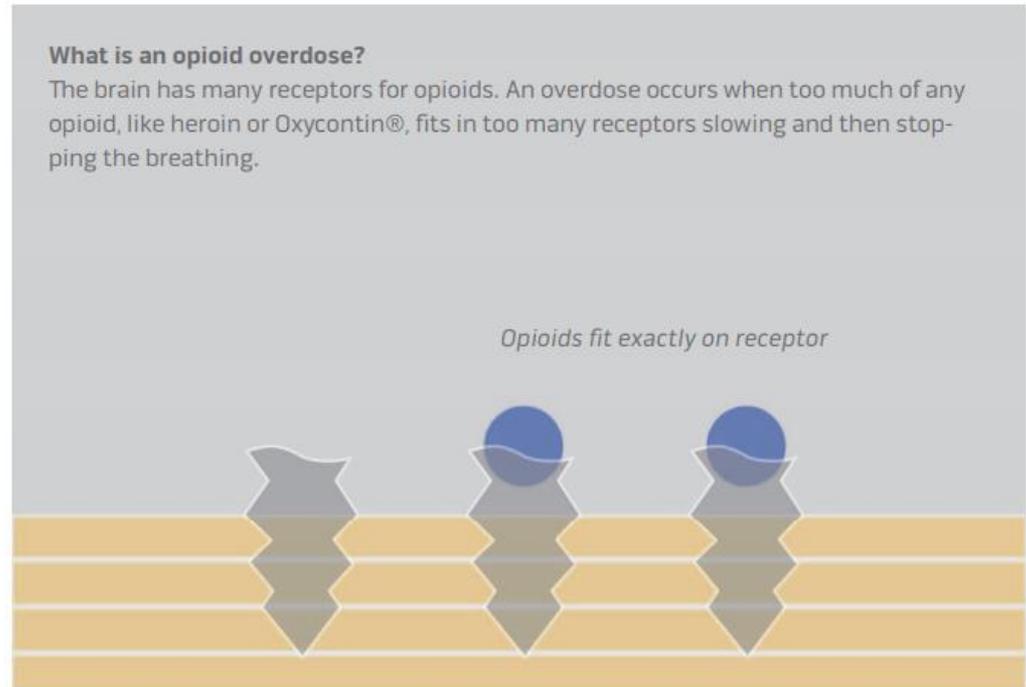
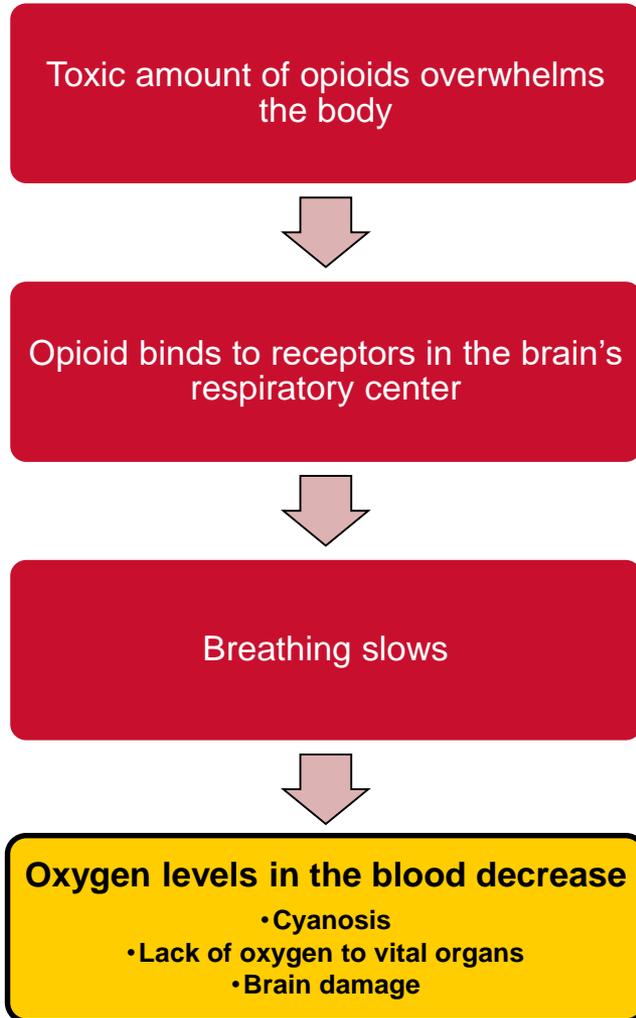
# What happens during an opioid overdose?



Source: Harm Reduction Coalition. Adapted from graphic by Maya Doe-Simkins



# What happens during an opioid overdose?



Source: Harm Reduction Coalition. Adapted from graphic by Maya Doe-Simkins



# All opioids are risky

## Illicit Opioids



Black Tar Heroin



Packets of fentanyl-laced heroin

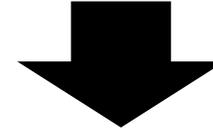
## Prescription Opioids



Fentanyl



Oxycodone



# If You Try To “Sleep It Off” You May Never Wake Up



Drug overdose is the #1 cause of accidental death for adults taking opioids (e.g., prescription pain medications, heroin)

***Learn how to spot an overdose and how to reverse it with naloxone (Narcan®)***



# Opioid Overdose Signs & Symptoms

Don't use alone

Breathing will be slow or absent



Lips and nails are blue



Person is not moving



Person may be choking



You can hear gurgling sounds or snoring



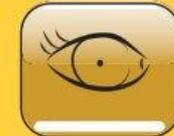
Can't be woken up



Skin feels cold and clammy



Pupils are tiny



toward  
THE heart.com  
A PROJECT OF THE PROVINCIAL  
HARM REDUCTION PROGRAM

**CALL 9-1-1 IMMEDIATELY**

Adapted from resources developed by OHRDP



# Scenario 1

Abe, one of your pharmacy clients, is slumped over on a blood pressure machine. He is making loud gurgling noises. It looks like it is difficult for him to breath. His lips and fingers are blue.

What signs and symptoms indicate this Abe could be experiencing an opioid overdose?

- A. Loud snoring
- B. Difficulty breathing
- C. Blue lips and finger tips
- D. All of the above



# Scenario 1

Abe, one of your pharmacy clients, is slumped over on a blood pressure machine. He is making loud gurgling noises. It looks like it is difficult for him to breath. His lips and fingers are blue.

What signs and symptoms indicate this Abe could be experiencing an opioid overdose?

- A. Loud snoring
- B. Difficulty breathing
- C. Blue lips and finger tips
- D. All of the above**



# Key Points

- An opioid overdose causes a person's breathing to slow and sometimes even stop which can lead to unconsciousness, coma, and possibly death.
- All opioids can cause an overdose.
- If there is any possibility someone could have overdosed on opioids, administer naloxone.

## Signs of an opioid overdose include:

Loud snoring or gurgling noises

Limp body

Unresponsive

Unconscious

Pale, gray, and/or clammy skin

Blue lips and/or fingers

Slow or erratic pulse

Slow or shallow breathing

Lack of breathing

Pinpoint pupils



# Responding to an Opioid Overdose

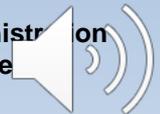




# Maryland Overdose Response Program Educational Training Program CORE CURRICULUM

May 31, 2017

Behavioral Health Administration  
Department of Health & Mental  
Hygiene  
[dhmh.naloxone@maryland.gov](mailto:dhmh.naloxone@maryland.gov)



# Evolution of Naloxone Standing Order in Maryland

## 2015

- Original naloxone standing order issued December 14<sup>th</sup> 2015
- Authorized pharmacists to dispense naloxone to individuals who trained with and received a certificate from the Maryland Overdose Response Program (ORP)

## 2017

- Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017 (Maryland Senate Bill 967) signed into law on May 25<sup>th</sup> 2017
- New naloxone standing order authorized on June 1<sup>st</sup> 2017
- **Pharmacists can dispense naloxone to anyone regardless of certification or training with the ORP**



# Responding to an opioid overdose

1. Rouse and stimulate

2. Call 9-1-1

3. Give naloxone

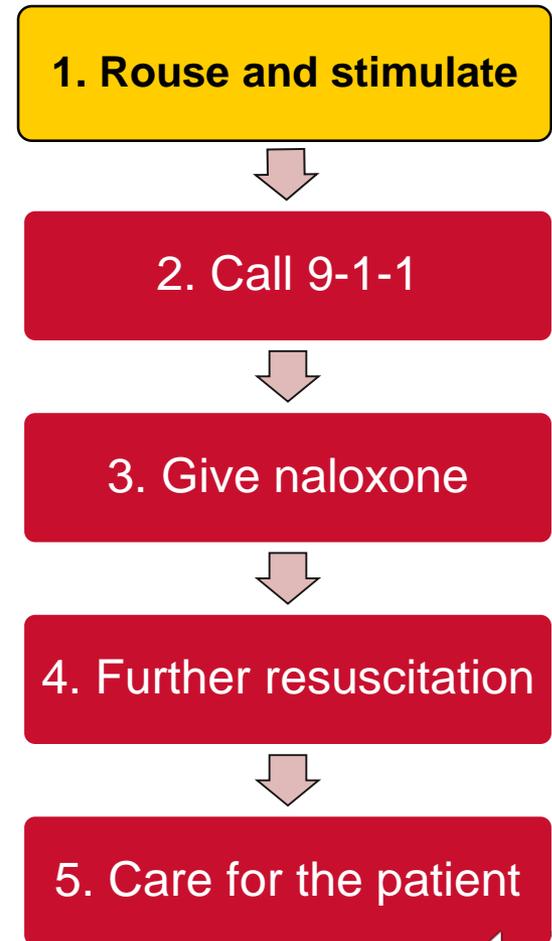
4. Further resuscitation

5. Care for the patient



# 1. Rouse and stimulate

- **Make some noise:**
  - Shake person's shoulders and yell:
  - “[Name!] Are you all right? Wake up!”
- **Stimulate:**
  - If person does not respond to noise, make a fist, rub your knuckles firmly up and down the breast bone



# Sternal (Sternum) Rub



**Video demonstrating sternal rub:**  
<http://vimeo.com/7976285>

1. Rouse and stimulate



2. Call 9-1-1



3. Give naloxone



4. Further resuscitation

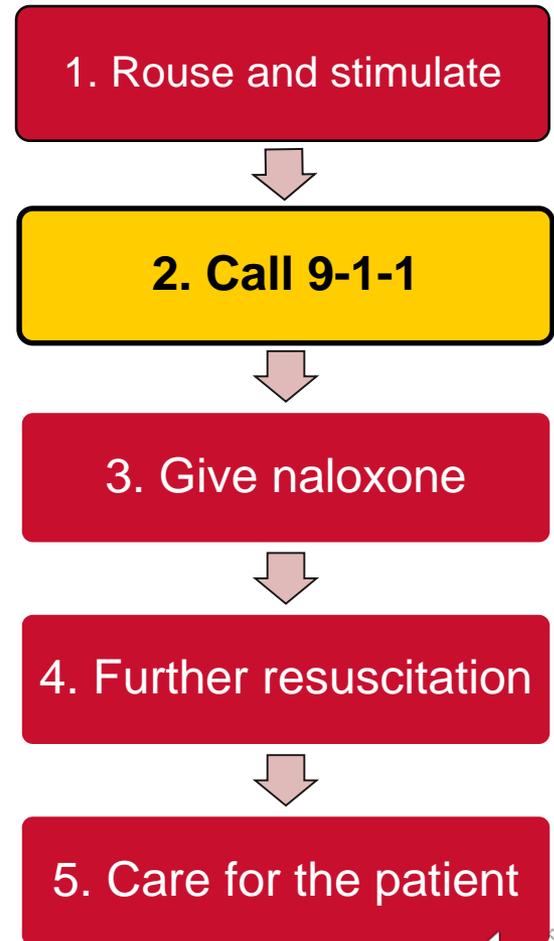


5. Care for the patient



## 2. Call 9-1-1

- **Why should you call 9-1-1?:**
  - May not be an opioid overdose situation
  - Person could have other health problems or complications
  - Naloxone is only temporary
- **Tell the 9-1-1 operator:**
  - Your location
  - Your observations about the patient
- **Tell emergency responder on-site:**
  - What substances the person used
  - How much and when naloxone was administered

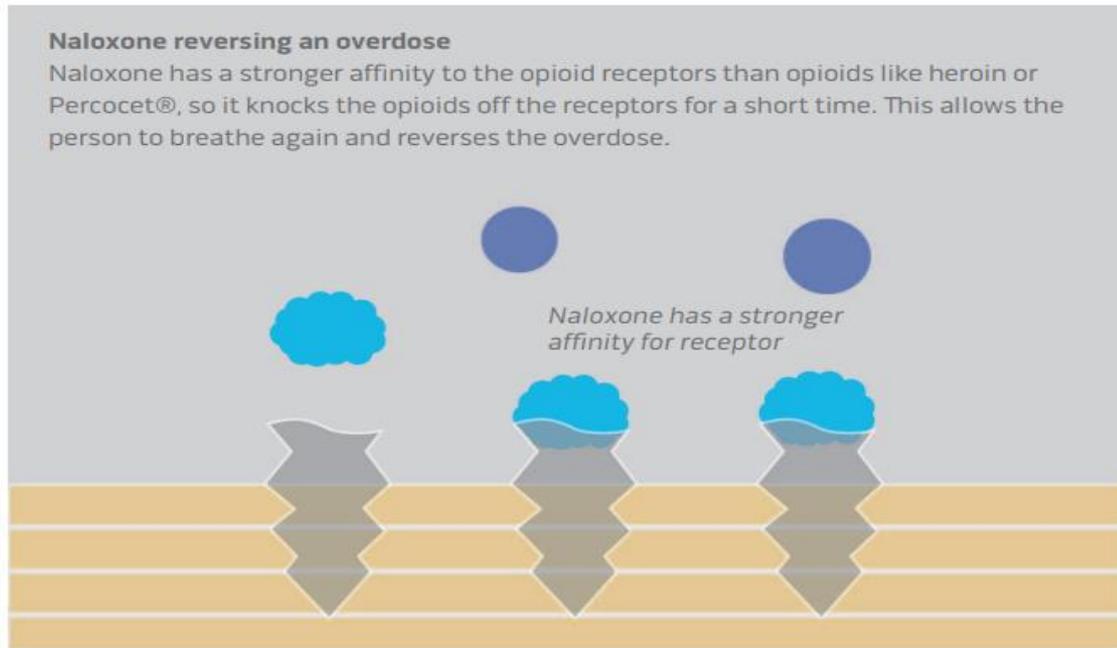


# 3. Give naloxone

## What is naloxone?

### Mechanism of Action

- Opioid antagonist that temporally reverses effects of opioids
- ONLY effective for **opioid overdose**



Source: Harm Reduction Coalition. Adapted from graphic by Maya Doe-Simkins

1. Rouse and stimulate



2. Call 9-1-1



3. Give naloxone



4. Further resuscitation



5. Care for the patient



# Surgeon General's Advisory on Naloxone

I, Surgeon General of the United States Public Health Service, VADM Jerome Adams, am emphasizing the importance of the overdose-reversing drug naloxone. For patients currently taking high doses of opioids as prescribed for pain, individuals misusing prescription opioids, individuals using illicit opioids such as heroin or fentanyl, health care practitioners, family and friends of people who have an opioid use disorder, and community members who come into contact with people at risk for opioid overdose, **knowing how to use naloxone and keeping it within reach can save a life.**

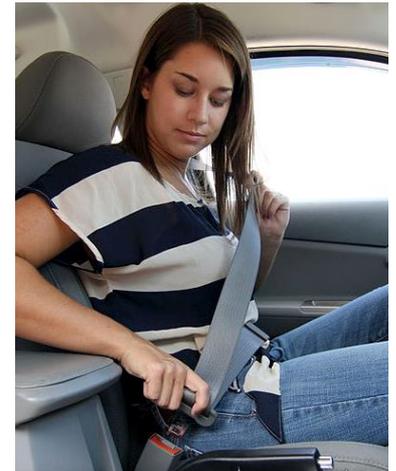
**BE PREPARED. GET NALOXONE. SAVE A LIFE.**



Think of naloxone like a(n) ...



# Antidote



# Naloxone Administration

## Administration

- Intranasally, subcutaneous, intramuscularly, intravenously

Intranasal

Subcutaneous Intramuscular Intravenous



A



B



C



D

Narcan®

Luer-Jet™ Luer Lock  
Prefilled Syringe

Evzio®

Many generics



# Naloxone Side Effects

- GI upset (nausea/vomiting)
- Opioid withdrawal symptoms, if opioid-dependent
  - Not life-threatening
  - Abdominal/muscle cramps, nausea, vomiting, diarrhea, runny nose, sweating, sneezing, fever, piloerection, tachycardia, yawning, increased blood pressure, trembling/shivering, weakness, **agitation/irritability**
- Seizures



# 4. Further resuscitation

Assess breathing: if the person is not breathing, or if breath is shallow or short

Give **rescue breaths**.

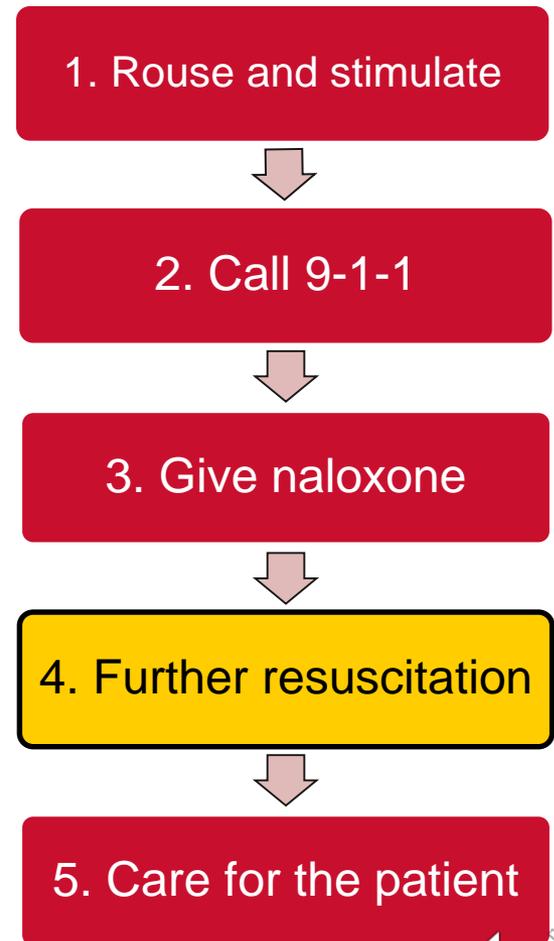
OR

If you are trained in cardiopulmonary resuscitation (CPR), administer **traditional CPR**, chest compressions with rescue breaths.

OR

**Follow the 9-1-1 dispatcher's instructions.**

*Continue until the person wakes up or medical help arrives.*



# Rescue Breathing – Step by Step

**Step 1:** Lay the person on his/her back on a flat surface.

**Step 2:** Tilt the chin to open the airway.

**Step 3:** Remove anything blocking the airway.

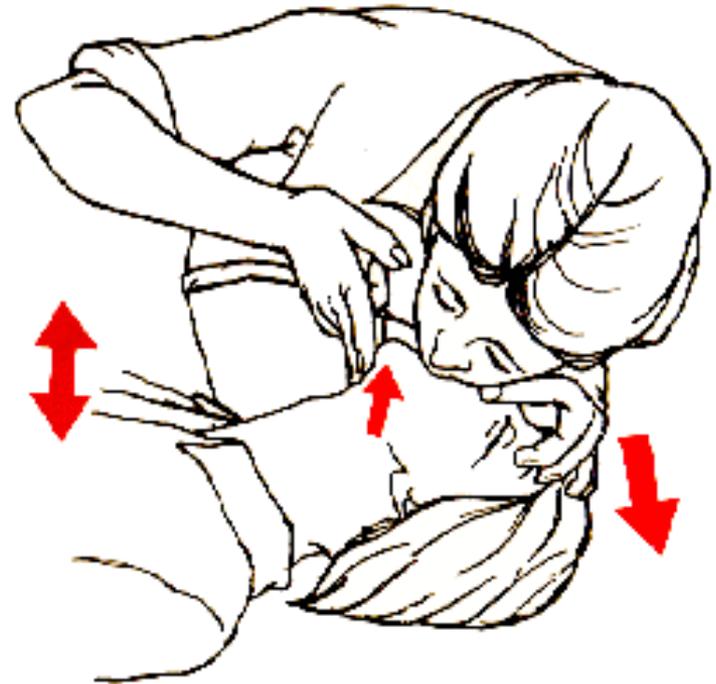


# Rescue Breathing – Step by Step

**Step 4:** Pinch the person's nose closed completely.

**Step 5:** Cover his/her mouth with your mouth and blow 2 regular breaths about 1 second each.

**Step 6:** Breathe again. Give 1 breath every 5 seconds.



# 5. Care for the patient

After receiving naloxone, a person may:

- Feel **physically ill/vomit**.
- **Experience withdrawal** symptoms, which can be unpleasant, but not life-threatening.
- Become **agitated and upset** due to withdrawal symptoms or coming off high.
- Have a **seizure**, though this is rare.

1. Rouse and stimulate



2. Call 9-1-1



3. Give naloxone



4. Further resuscitation

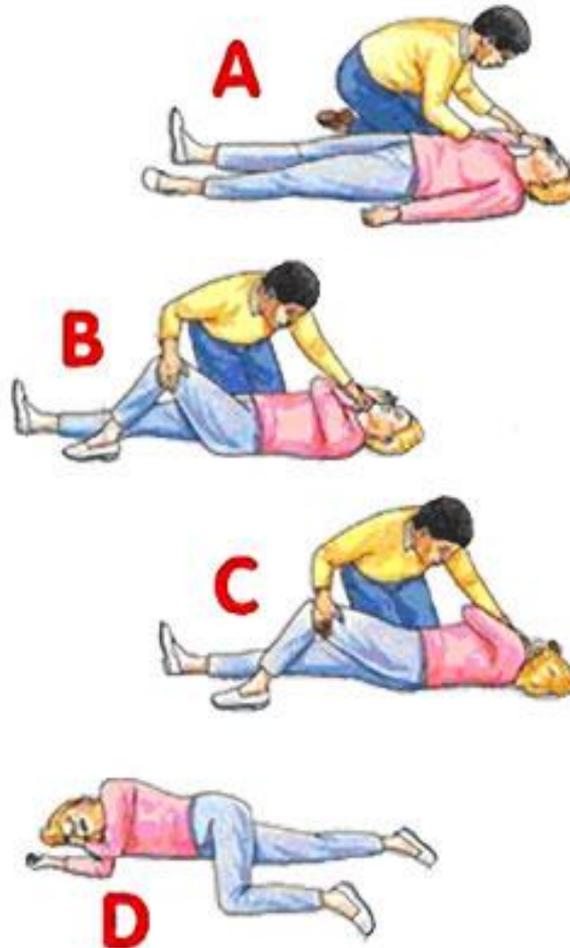


**5. Care for the patient**

# 5. Care for the patient

If you have to leave the person—*even briefly*—put him/her into the recovery position.

This keeps the **airway clear** and **prevents choking/aspiration** vomiting occurs.



1. Rouse and stimulate



2. Call 9-1-1



3. Give naloxone



4. Further resuscitation



5. Care for the patient



# Scenario 2

You run over to Abe. After say his loudly name, shaking his shoulders, rubbing your knuckles on his sternum, he is still unresponsive. What do you do next?

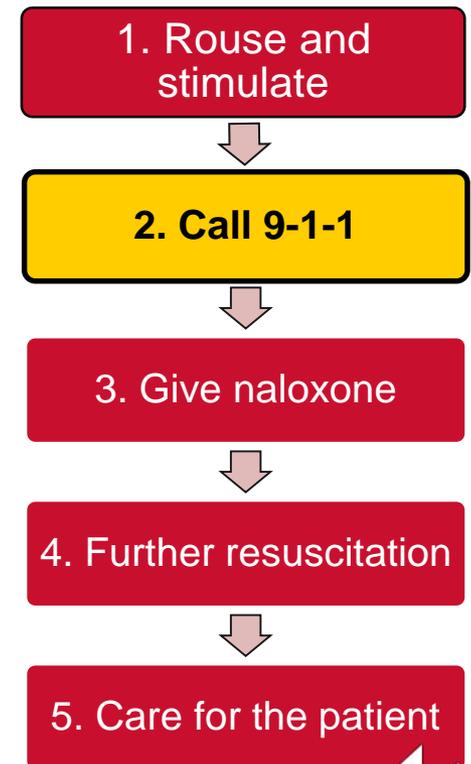
- A. Administer naloxone
- B. Perform rescue breathing
- C. Move Abe into the recovery position
- D. Call 9-1-1



# Scenario 2

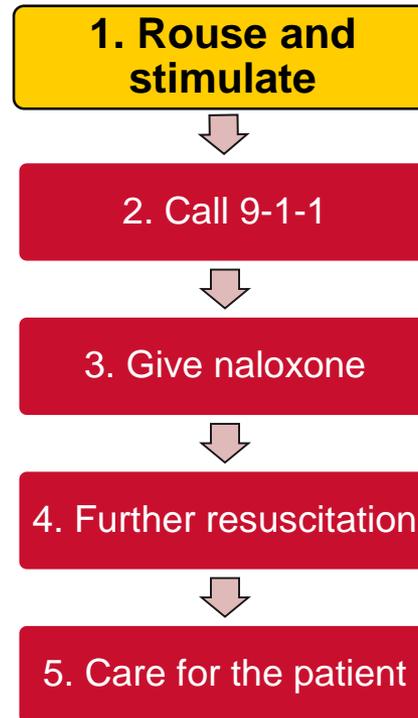
You run over to Abe. Say his name and shake his shoulders; however, he does not respond. Then you rub your knuckles on his sternum, but he is still unresponsive. What do you do next?

- A. Administer naloxone
- B. Perform rescue breathing
- C. Move Abe into the recovery position
- D. Call 9-1-1**



# Key Points

- Naloxone is an opioid antagonist that temporarily reverses the harmful effects of opioids and allows a person to breathe
- To respond to an opioid overdose, follow the following steps:





# Module 4: Identifying and Responding to an Opioid Overdose

