

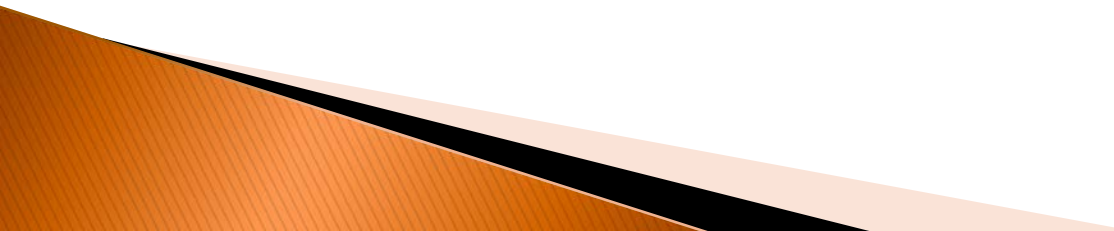
Ventura County

Public Safety First Aid Provider Agency



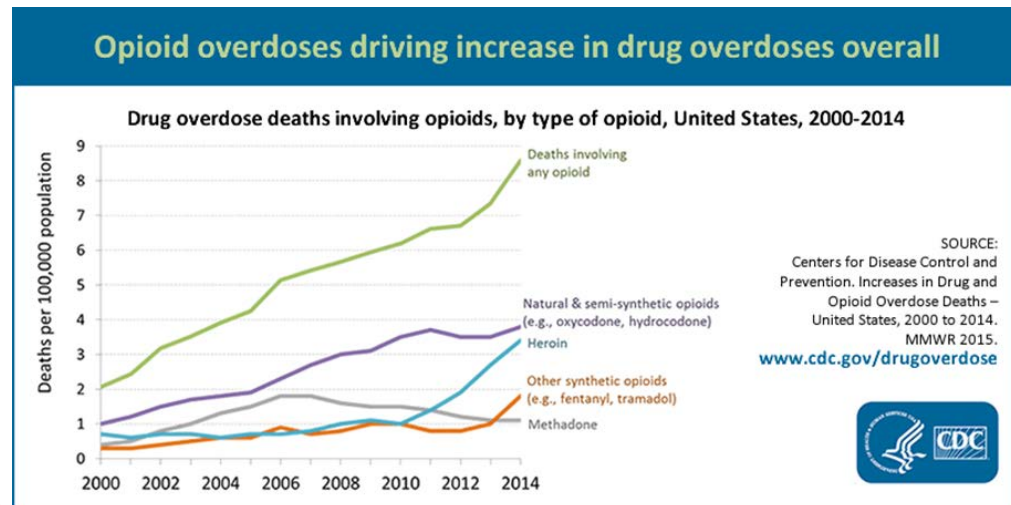
Naloxone Administration Training

Course Objectives

- **Recognize** the signs and symptoms of a potential opioid overdose
 - **Identify** appropriate health care interventions for possible overdose situations
 - **Identify** the indications and contraindications of administering naloxone (Narcan)
 - **Demonstrate** competency in preparing and administering naloxone via intranasal
 - **Describe** the on-going patient management after the administration of naloxone
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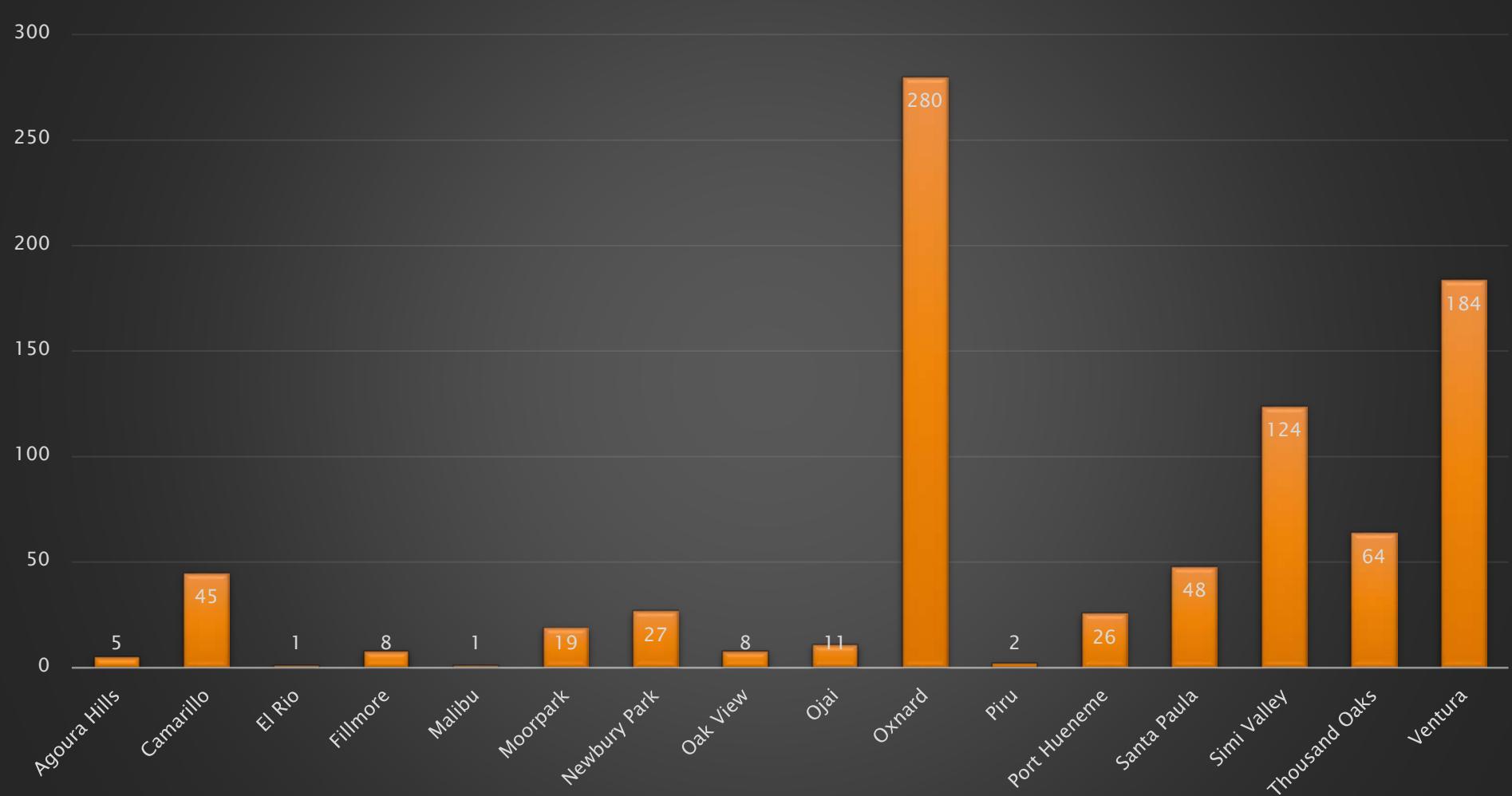
National Statistics

- ❖ Worldwide, an estimated 69,000 people die from opioid overdose each year (WHO).
- ❖ Opioids were involved in 28,647 deaths nationally in 2014 and opioid overdoses have quadrupled since 2000 (CDC).
- ❖ In 2014 there were almost 19,000 deaths involving prescription opioids, equivalent to about 52 deaths per day. This is an increase from approximately 16,000 in 2013 (CDC).
- ❖ Every day, over 1,000 people are treated in emergency departments for misusing prescription opioids

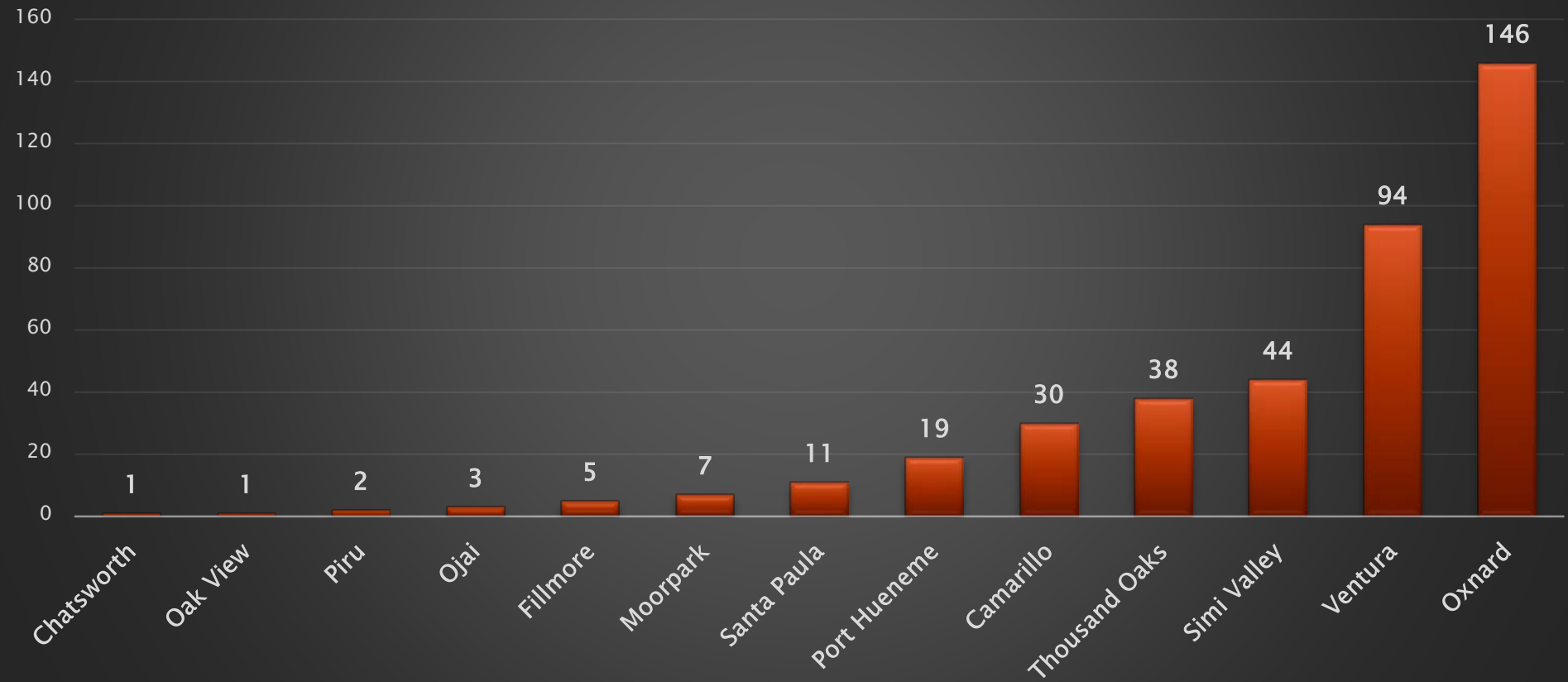


Naloxone Use – Ventura County

Count of Incident City Feb 2012 – Feb 2015



Naloxone Administration, by City Calendar Year 2017 n = 400



Opioids

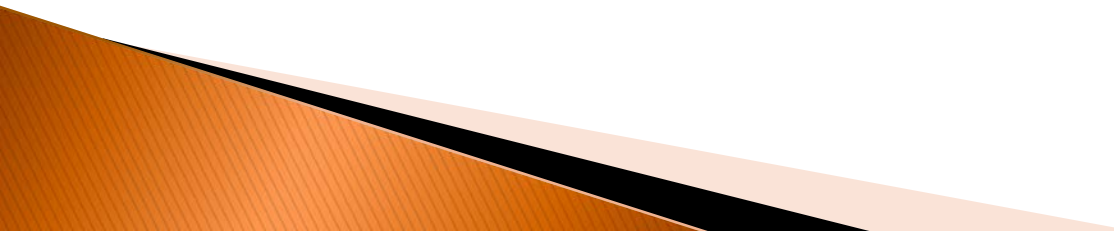
- ▶ Act on the central nervous system as a depressant to:
 - Decrease the perception of pain
- ▶ May be prescribed for acute, debilitating, or chronic pain
- ▶ May be abused to induce euphoria or a “high”
- ▶ May be injected, taken orally or intranasally



Types of Opioids

Generic	Brand	Street
Heroin	(illegal)	Brown sugar, China White, Dope, H, Horse, Junk, Skag, Skunk, Smack, White Horse
Codeine	Colrex, Tylenol with Codeine #3/4, Phenflu CDX, Maxiflu CD, Rolatuss	Captain Cody, Cody, Lean, Schoolboy, Sizzurp, Purple Drank
Fentanyl	Actiq®, Duragesic®, Sublimaze®	Apache, China Girl, China White, Dance Fever, Friend, Goodfella, Jackpot, Murder 8, Tango and Cash, TNT
Hydrocodone or dihydrocodeinone	Vicodin®, Lortab®, Lorcet®	Vike, Watson-387
Hydromorphone	Dilaudid®	D, Dillies, Footballs, Juice, Smack
Meperidine	Demerol®	Demmies, Pain Killer
Methadone	Duramorph®, Roxanol®	M, Miss Emma, Monkey, White Stuff
Oxycodone	OxyContin®, Percodan®, Percocet®	O.C., Oxycet, Oxycotton, Oxy, Hillbilly Heroin, Percs
Oxymorphone	Opana®	Biscuits, Blue Heaven, Blues, Mrs. O, O Bomb, Octagons, Stop Signs

People at Higher Risk of Opioid Overdose

- ▶ **Individuals with opioid dependency**, especially following detoxification, release from incarceration, cessation of treatment
 - ▶ **Intravenous drug users**
 - ▶ **Users of prescription opioids**, especially higher doses
 - ▶ Users **who combine opioids** with other sedating substances(benzodiazepines)
 - ▶ Users **with medical problems** (HIV, liver/lung disease, depression)
 - ▶ **Household members of users**
- 

Recognizing an Opioid Overdose

REALLY HIGH	OVERDOSE	CARDIAC ARREST
Muscles become relaxed	Deep snoring or gurgling (death rattle)	No muscle control
Speech is slowed/slurred	Minimal or no verbal response	No verbal response
Sleepy looking	Pale, clammy skin	Pale, may be cyanotic
Nodding	Heavy nod	Apnea
Respond to stimulation: yelling, sternal rub, pinching,...	No response to stimulation	No response to stimulation
Breathing rate 8/min or more, pulse present	Breathing rate less than 8/min , slow heart beat/pulse	No Breathing No Pulse

On Scene



Track Marks

A photograph showing a close-up of a person's arm with several small, dark, circular marks, likely from intravenous drug use. A syringe is visible in the background.



Heroin Balloons

A photograph showing several clear plastic balloons filled with various colored pills (yellow, red, blue, green) and capsules, used for injecting drugs.



Drug Paraphernalia

A photograph showing a collection of drug paraphernalia, including a spoon, a syringe, and a small container, all resting on a dark surface.

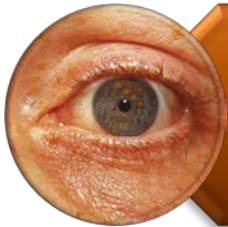


Bystander Report

A photograph showing a close-up of a person's arm with several small, dark, circular marks, likely from intravenous drug use.



Opioid Overdose Triad



Pinpoint Pupils



Unconsciousness



Respiratory Depression

Naloxone



Description:

Intranasal Opioid Antagonist

Pharmacology:

Competitive narcotic antagonist, which reverses all effects of opioids ONLY (morphine, fentanyl, etc.) such as respiratory depression and central and peripheral nervous system effects.



Naloxone

Use:

Used for the complete or partial reverse of opioid overdose, including respiratory depression.

Onset:

Within 1–3 minutes.

Duration:

Approximately **30–60** minutes. (Then what happens?)

Naloxone

Indications:

1. Suspected or confirmed opiate overdose
 - a. Environment indicates illegal or prescription use of opiate medication, AND
 - b. Victim is unconscious or poorly responsive and respiratory rate appears to slow (less than 8 per minute) or shallow/inadequate.
2. Need for complete or partial reversal of central nervous system and respiratory depression induced by opioids.
3. Decreased level of consciousness of unknown origin and opioid induced respiratory depression
4. Law enforcement or First Responders with known or suspected opiate exposure AND signs and symptoms of opiate overdose.



Contraindications:

- Naloxone Allergy
- Nasal trauma
- Nasal obstruction
- Seizure activity
- Cardiac arrest

Adverse Reactions (due to rapid opioid withdrawal):

- Nausea/ Vomiting
- Tachycardia
- Hypertension, hypotension
- Cardiac disturbances (i.e.: cardiac arrest)
- Epistaxis (nose bleed)
- Violent Behavior

Narcan is for opioid OD only

▶ NARCAN WILL NOT HAVE AN AFFECT ON OTHER DRUG OVERDOSES

- However, no harm will be done to patient if administered without opioids.
- If you think there is a chance the patient may have used an opioid, and the patient is exhibiting signs of overdose, *administer Naloxone*



NARCAN WILL NOT RESTART THE HEART

- Only give Narcan to a patient with depressed respirations
- No pulse? No respirations? Perform CPR!



Treatment Plan

1. Scene Approach

- Scene safety
- Narcan kit in hand
- Personal protective equipment

2. Stimulate the person

- Verbal
- Sternal Rub

3. No response

- Ensure EMS enroute. Open Airway Shark Hook

4. Respirations < 8 /min & suspicion of OD

- Ensure EMS enroute and administer NARCAN

5. NO respirations, NO pulse

- CPR as indicated

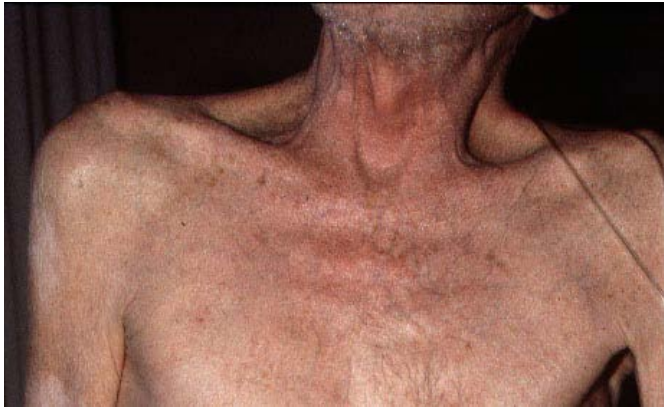
Open Airway Using “Shark Hook” Technique



Look for Respiratory Effort

https://www.youtube.com/watch?v=Xb_S1AMSvDc

Look for Respiratory Effort ~



Is it 8/minute or more?

Request EMS, Maintain Airway Support, Monitor Rate

Is it Less than 8/minute?

Request EMS, Administer Narcan, Maintain Airway Support, if breathing improves, position on side

Is it ABSENT ?

Request EMS, **perform CPR as indicated**

* if CPR is not indicated, administer Narcan and maintain airway support

Chest Compressions

- Continuous High Quality Chest compressions
 - **Rate-----Optimal is 110 CPM**
 - **Depth----At least 2 inches**
 - **Recoil----Fully off the chest**
- Perfuses Heart and Brain
 - Increases likelihood of successful defibrillation
 - Maintains brain viability – Cerebral Performance
- Think “Brain-Heart-Brain-Heart”

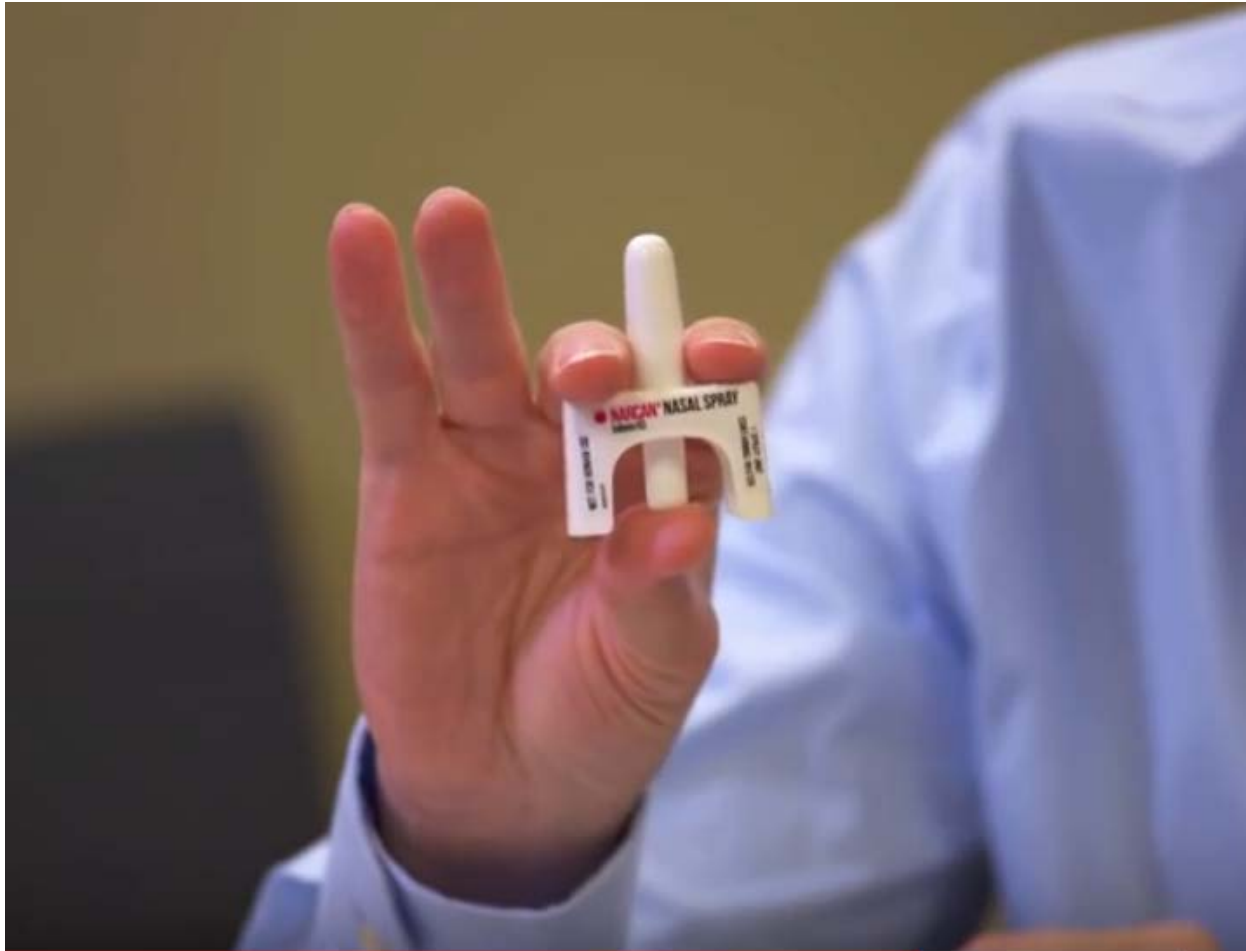
The box has instructions inside too:



Remove a single atomizer, peel the package open from the marked top corner:



Hold atomizer in your hand with thumb on plunger and two fingers on top:

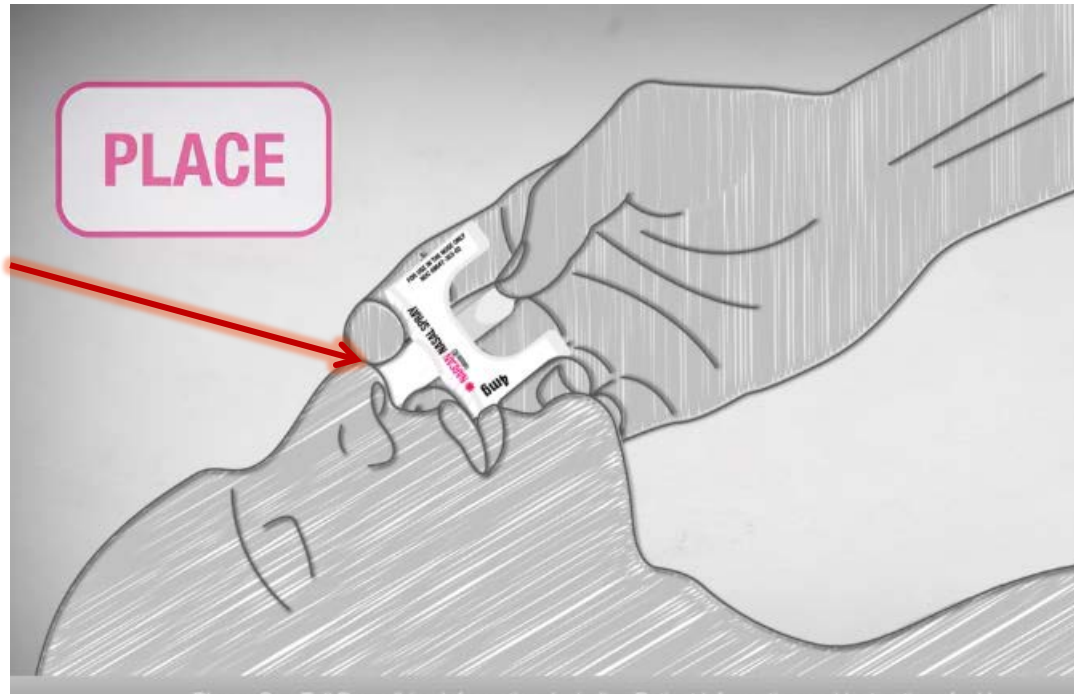


Warning:
Do not test or prime the device as there is only a single dose of medication!

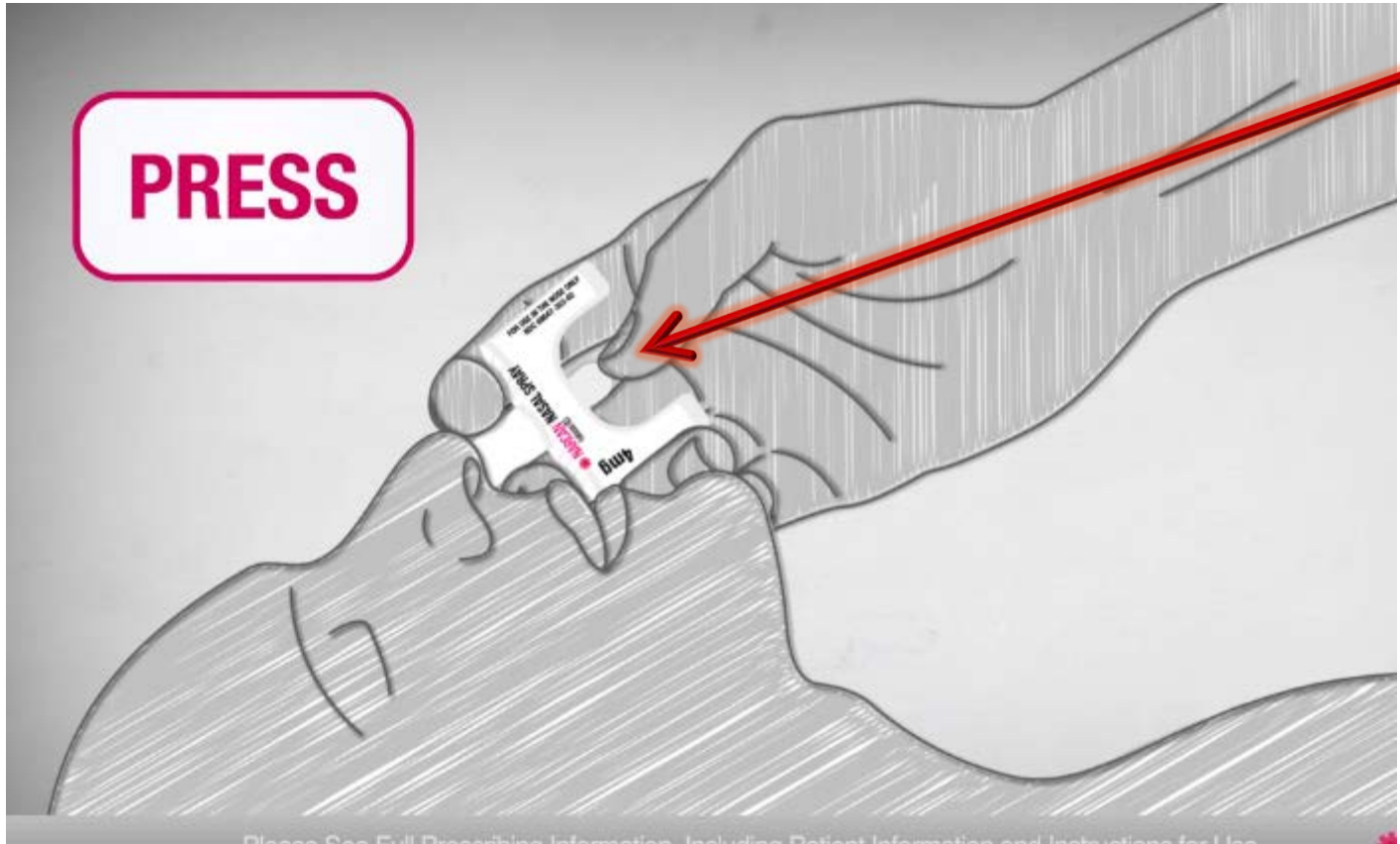
Intranasal Naloxone Administration ~Skill Competency

- **Assess the patient** to ensure his/her nasal cavity is free of blood or mucous
- **Control patient's head** with one hand
- Gently but firmly **place atomizer** within one nostril
- **Aim slightly upwards** and toward ear on same side as the nostril
- **Briskly compress** syringe to administer one (1) dose (4mg of atomized spray)

Place atomizer in nostril until your fingers touch the bottom of the nostril:

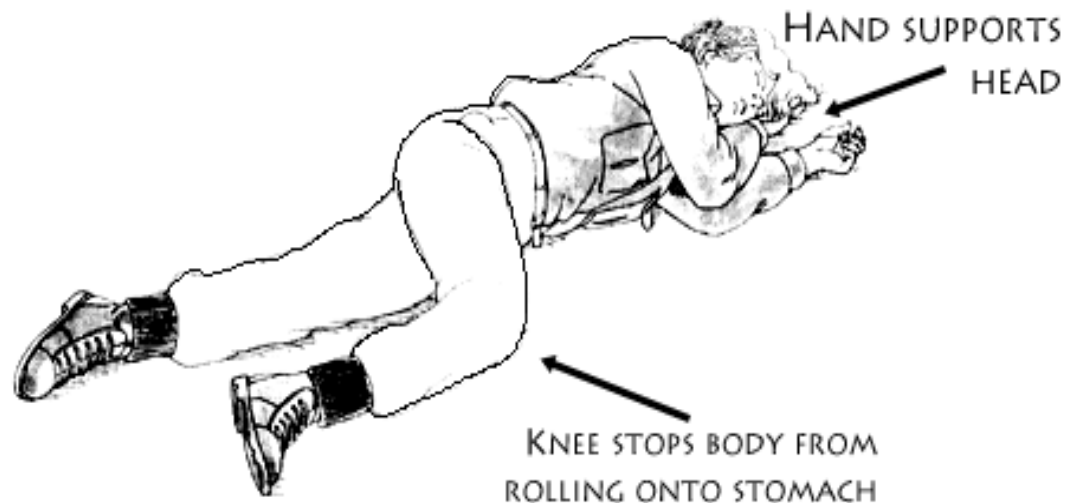


Firmly and quickly depress the plunger until it will not go any further , remove and discard:



Post-Narcan Position

- ▶ As you wait for EMS, place patient in recovery position
- ▶ Continue to monitor frequently to ensure patient is still breathing



Review

- ▶ The goal of Naloxone administration is to improve respiratory drive, NOT to return patient to their full mental capacity.
- ▶ If Naloxone administration is indicated, EMS *must* be requested.
- ▶ PSFA will administer up to two doses of Naloxone prior to EMS arrival
- ▶ ABC's until arrival of EMS

Naloxone Documentation

- ▶ Utilize VCEMS Optional Skills Patient Care Report
 - Document **demographics, basic assessment and treatment** on the patient care report.
 - Record **time of administration/dose**.
 - A copy of the PSFA PCR must be submitted to VCEMS **within 24 hours of administration**
 - HIPPA – ***Always Protect Patient Privacy!*** PCR must be secure emailed to emsagency@ventura.org or secure faxed to 805-981-5300



VENTURA COUNTY
BEHAVIORAL HEALTH
ALCOHOL & DRUG PROGRAMS

Any Questions???

Thank You!

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