



Newton USD 373

School Health Services
Newton KS 67114

NALOXONE ADMINISTRATION PROTOCOL

RECOGNIZE:

Observe the individual for signs and symptoms of opioid overdose

Suspected or confirmed opioid overdose consists of:

- Respiratory depression evidenced by slow respirations or no breathing (apnea)
- Unresponsiveness to stimuli (such as calling name, shaking, sternal rub)

Suspicion of opioid overdose can be based on:

- Presenting symptoms
- History
- Report from bystanders
- School nurse or staff prior knowledge of the person
- Nearby medications, illicit drugs, or drug paraphernalia

Opioid Overdose vs. Opioid High

Opioid High	Opioid Overdose
Relaxed muscles	Pale, clammy skin
Speech slowed, slurred, breathing	Speech infrequent, not breathing, very shallow breathing
Appears sleepy, nodding off	Deep snorting or gurgling
Responds to stimuli	Unresponsive to stimuli (calling name, shaking, sternal rub)
Normal heart beat/pulse	Slowed heart beat/pulse
Normal skin color	Cyanotic skin coloration (blue lips, fingertips)
	Pinpoint pupils

(Adapted from Massachusetts Department of Public Health Opioid Overdose Education and Naloxone Distribution)

RESPOND:

Immediately call for help

- Call for help- Dial 911 - Request Advanced Life Support
- Administer Naloxone (see "REVERSE" section for details)
- If the person is not breathing and does not have a pulse, perform CPR
- Perform rescue breathing if the person has a pulse but breathing is not normal or adequate
 - o Place the person on their back
 - o Tilt their chin up to open the airway

- o Check to see if there is anything in their mouth blocking their airway, such as gum, toothpick, undissolved pills, syringe cap, or cheeked Fentanyl patch (if present, remove it)
- o If using a mask, place and hold the mask over the mouth and nose
- o If not using a mask, pinch their nose with one hand and place your mouth over their mouth
- o Give 2 even, regular-sized breaths - blow enough air into their lungs to make their chest rise, readjust if needed
- o Give one breath every 5 seconds

REVERSE:

Administer naloxone via Intra-Nasal

- Tilt head back and give spray (4 mg) into one nostril

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

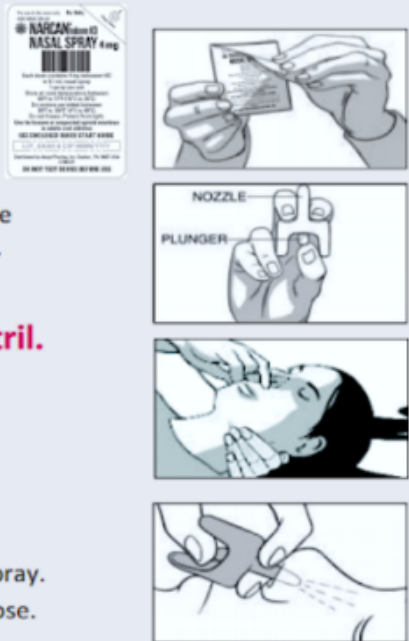
Hold the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

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.



(Graphic credit: ADAPT Pharma, 2015)

- Place the person in the recovery position (lying on their side)
- Stay with the person until help arrives
- While wearing gloves, seize all illegal and/or non-prescribed opioid narcotics found on the victim and give them to the building administrator
- If the person does not wake up, give another dose in the opposite nostril. Continue rotating nostril use and giving additional doses every 2-3 minutes if it is safe to do so until either the person wakes up or EMS arrives

Note: Using naloxone in patients who are opioid dependent may result in severe opioid withdrawal symptoms such as restlessness or irritability, body aches, diarrhea, increased heart rate (tachycardia), fever, runny nose, sneezing, goose bumps (piloerection), sweating, yawning, nausea or vomiting, nervousness, shivering or trembling, abdominal cramps, weakness, and increased blood pressure. **The risk of adverse reactions should not be a deterrent to the administration of naloxone.**

REFER:

- Have the individual transported to the nearest medical facility, even if symptoms seem to get better
- Contact the parent/guardians and administration
- Complete the Naloxone Administration Report form and turn it in to the building administrator

References

ADAPT Pharma. (2016). Helpful Resources. Available at: <http://www.narcannasalspray.com/helpful-resources/>

Centers for Disease Control and Prevention. (2012). Community-Based Opioid Overdose Prevention Programs Providing Naloxone — United States, 2010 MMWR February 17, 2012/ 61(06), 101-105. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6106a1.htm>

Davis, C., Webb, D., Burris, S. (2013). Changing Law from Barrier to Facilitator of Opioid Overdose Prevention. *Journal of Law, Medicine & Ethics*, 41(Suppl. 1), 33–36.

Harm Reduction Coalition. (n.d.). Perform Rescue Breathing. Available at:

<http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/responding-to-opioid-overdose/perform-rescue-breathing/>

Loimer, N., Hofmann, P., Chaudhry, H.R. (1992). Nasal administration of naloxone for detection of opiate dependence. *Journal of Psychiatric Research*, 26, 39–43.

Massachusetts Department of Public Health Opioid Overdose Education and Naloxone Distribution. (n.d.) Opioid Overdose Education and Naloxone Distribution MDPH Naloxone pilot project Core Competencies. Available at: <http://www.mass.gov/eohhs/docs/dph/substance-abuse/core-competencies-for-naloxone-pilot-participants.pdf>