

Height _____ cm Weight _____ kg

Allergies _____

Naloxone Nasal Spray Kit - Opioid Overdose Prevention Order Set		M	K	O
Orders Processed Date (dd/mm/yyyy) Time (hhmm) By Status	<p>Naloxone Kits should be offered to all patients identified at risk for opioid overdose regardless of entrance/admission complaint (OD, infection, depression, trauma, etc....)</p> <p>Naloxone, an opioid antagonist, works by displacing opioids from the opioid receptor site. It is indicated for reversal of respiratory depression or unresponsiveness due to opioid overdose.</p> <p>Patient selection any one or more of the following (check relevant patient factor):</p> <ul style="list-style-type: none"> <input type="checkbox"/> History of/or current opioid misuse, opioid intoxication <input type="checkbox"/> Treated for opioid overdose or reported history of overdose <input type="checkbox"/> Injects, crushes, intranasal, smokes potent opioids <input type="checkbox"/> Uses diverted/non-prescribed Methadone <input type="checkbox"/> Opioid use in a binge pattern (e.g.-does not use the same opioid dose every day) <input type="checkbox"/> Opioid use with Benzodiazepines and/or Alcohol <input type="checkbox"/> Recent discharge from abstinence based residential addictions treatment program, withdrawal management services, prison or hospital (risk - loss of tolerance followed by relapse) <input type="checkbox"/> New start Methadone or Buprenorphine/Naloxone within the past 2 weeks <input type="checkbox"/> No known previous hypersensitivity (allergic reaction) to Naloxone or any of the components 			
Processing Reviewed by Status Faxed by	<p>Medications</p> <p><input checked="" type="checkbox"/> Naloxone Nasal Spray Kit; Patient to be issued the following Naloxone Kit:</p> <ul style="list-style-type: none"> • <u>Two (2) naloxone (Narcan®) 4 mg nasal spray devices</u> • Hard shell case to store contents • One pair of non-latex gloves • naloxone (Narcan®) nasal spray instructions for use sheet • Client identifier card <p><input checked="" type="checkbox"/> IF Naloxone Nasal Spray Kit is unavailable, THEN:</p> <p><input checked="" type="checkbox"/> Naloxone IM Kit; Patient to be issued the following Naloxone Kit:</p> <ul style="list-style-type: none"> • <u>Two (2) ampoules naloxone 0.4 mg/mL 1 mL</u> • Hard shell case to store contents • Three (3) vanish point 25 gauge syringes • Three (3) alcohol swabs • One pair of non-latex gloves • 5 step insert: "5 Steps to Save a Life" • Client identifier card <p><input checked="" type="checkbox"/> Naloxone kit patient education session</p>			
	<p>Discharge/ Follow-up</p> <p><input type="checkbox"/> Referral to Niagara Health RAAM clinic with Patient's consent</p>			
	<p>Additional Orders</p>			

Telephone Order _____
 Ordering Practitioner, Designation Signature Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____
 Ordering Physician Date (dd/mm/yyyy) Time (hhmm) Read Back



Chart Copy – Do Not Destroy

Rev. 10/2018/V2 ORD206

Naloxone (Narcan®) Nasal Spray Kit – Opioid Overdose Prevention Patient Education

1. Depressant drugs, overdose risks and overdose prevention:

Depressant Drugs		
Act to slow or reduce the function of the brain and body. They can cause anything from feelings of relaxation and mild contentment, to sedation and total blackout. Do not use them with alcohol as you can stop breathing!		
<p style="text-align: center;"><u>Opioids</u></p> <p>opium heroin (Smack, Junk, etc.) morphine (Staxex®, MS Contin®) oxycodone (Oxycontin®, OxyNeo®) Percocet® (Oxycocet®) Percodan® meperidine (Demerol®) pentazocine (Talwin®) hydromorphone (Dilaudid®) Vicodan® fentaNYL (Duragesic®, etc.) codeine (Tylenol® 1, 2, 3, 4) methadone buprenorphine (Subutex®) buprenorphine+naloxone (Suboxone®)</p>	<p style="text-align: center;"><u>Benzodiazepines</u></p> <p>diazepam (Valium®) lorazepam (Ativan®) clonazepam (Rivotril®) oxazepam (Serax®) alprazolam (Xanax®) bromazepam (Lectopam®) temazepam (Restoril®) midazolam clorazepate (Tranxene®) chlordiazepoxide (Librium®) nitrazepam (Mogodon®) flurazepam (Dalmane®)</p>	<p style="text-align: center;"><u>Sedative / Hypnotics</u></p> <p>barbiturates (Seconal®, Nembutal®, Amytal®, phenobarbital) zopiclone (Imovane®) eszopiclone (Lunesta®) GHB (Gamma Hydroxybutyrate) ketamine (K, Special K – have hallucinogenic effects)</p>
<p style="text-align: center;">Alcohol Beer, Wine, Liquor</p>		

Overdose Risks and Prevention

a) Choose a safer route



- ✓ Consider snorting, especially in cases when you're using alone or may have decreased tolerance
- ✓ Be careful when changing modes of administration since you may not be able to handle the same amounts

b) **Mixing your drinks or using with alcohol is dangerous**

- ✓ Use one drug at a time
- ✓ Use less of each drug
- ✓ Try to avoid mixing alcohol and benzodiazepines with opioids; this is an incredibly dangerous combination
- ✓ If drinking or taking pills with heroin, do the heroin first to better gauge how high you are; alcohol and especially benzodiazepines impair judgment so you may not remember or care how much you've used

c) **Know your source**

- ✓ Try to buy from the same dealer so you have a better idea of what you're getting
- ✓ Talk to others who have bought from the same dealer
- ✓ Know which pills you're taking and try to learn about variations in similar pills
- ✓ Be careful when switching from one type of opioid pill to another since their strengths and dosage will vary

d) **Be aware of changes in your tolerance**

- ✓ Use less after any period of abstinence or decreased use (eg. incarceration, hospital, detox, rehab); even a few days can lower your tolerance and may result in overdose and even death!
- ✓ If you are using after a period of abstinences, be careful and go slow (may result in overdose or even death!)
- ✓ Use less when you are sick and your immune system may be weakened
- ✓ Do a tester shot, or go slow to gauge how the shot is hitting you
- ✓ Use a less risky method
- ✓ Be aware of using in new environments, or with new people; this can change how you experience the effects of the drugs and in some cases, increase the risk of overdose
- ✓ Even if you've been using for 20 years, you can still overdose
- ✓ If you know your tolerance is lower because of any of the above, use smaller amounts so you don't overdose

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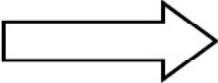
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- e) **Have a sober buddy**
 - ✓ Have a friend with you who knows what drugs you've taken and can respond in case of emergency
 - f) **Make a plan**
 - ✓ Develop an overdose plan with your friends or partners
 - ✓ Leave the door unlocked or slightly ajar whenever possible
 - ✓ Call or text someone you trust and have them check on you
 - g) **Test a small amount first, then go slow**
 - ✓ Test the strength of the drug before you do the whole amount
 - h) **Physical Health**
 - ✓ Stay hydrated and eat regularly
 - ✓ Get enough sleep and rest when you feel worn down
 - ✓ Medications (like opioids and benzodiazepines) especially those with Tylenol (acetaminophen) in them are harder for your liver to break down. If you have liver damage, stay away from medications with a lot of acetaminophen in them, like Vicodin ® and Percocet ®.
 - ✓ Go slow (use less drugs at first) if you've been sick, lost weight, or have been feeling under the weather or weak
 - ✓ Try to find a good, non-judgmental doctor and get checked out for any health factors that may increase your risk of OD
2. **How to recognize an overdose:**
Due to their effect on the part of the brain which regulates breathing, opioids in high doses can cause respiratory depression and death. An opioid overdose can be identified by a combination of three (3) signs and symptoms referred to as the "opioid overdose triad".

The symptoms of the triad are: 1 – pinpoint pupils 2 – unconsciousness 3 – respiratory depression

How do you tell the difference between someone who is really high or overdosing?

High:	→	Overdose:
<ul style="list-style-type: none"> Pupils will contract and appear small Muscles are slack and droop They might "nod out" but remain responsive to stimulus (for example, pain) Scratch a lot due to itchy skin Speech may be slurred They might be out of it, but they will respond to outside stimulus like loud noise or light shake from a concerned friend 		<ul style="list-style-type: none"> Pinpoint pupils Awake, but unable to talk Body is very limp Face is very pale or clammy Fingernails and lips turn blue or purplish black For lighter skinned people, the skin tone turns bluish purple For darker skinned people, it turns grayish or ashen Breathing is very slow and shallow, erratic or has stopped Pulse (heart beat) is slow, erratic or not there at all Choking sounds, or a snore-like gurgling noise Vomiting Loss of consciousness Unresponsive to outside stimulus

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3. How to respond to an overdose:

5 STEPS TO RESPOND TO AN OPIOID OVERDOSE

- 1 STIMULATE:** Shake their shoulders. Shout their name.
- 2 CALL 911** if unresponsive.
- 3 GIVE CHEST COMPRESSIONS:** Place your hands on top of one another in the middle of the person's chest, keeping your arms straight. **PUSH FAST, PUSH HARD**, with no interruptions, except to administer naloxone.
- 4 GIVE NALOXONE AT ANY TIME:** Make sure they are lying on their back. Insert tip of nozzle into one nostril. Press the plunger firmly. Resume chest compressions.
- 5 IS IT WORKING?** Continue compressions until the person responds or EMS arrives. If they are not awake after 2-3 minutes, administer second dose of naloxone. Stay with them.

RECOVERY POSITION If the person begins breathing on their own, or if you have to leave them alone, put them in the recovery position.

head should be tilted back slightly to open airway

hand supports head

knee stops body from rolling onto stomach

ABOUT OPIOIDS

OPIOIDS INCLUDE:

Fentanyl, Heroin, Morphine, Oxys, Hydromorpha, Dilaudid, Methadone, Percocet, Codeine

You may not know that you've taken opioids, as many street drugs, like cocaine, can be laced with them.

Naloxone only works for opioid overdose.

SIGNS OF OPIOID OVERDOSE

- Person can't be woken up
- Breathing is slow or has stopped
- Snoring or gurgling sounds
- Fingernails and lips turn blue or purple
- Pupils are tiny (pinned) or eyes are rolled back
- Body is limp

OPIOID OVERDOSE PREVENTION

- Don't use alone
- Avoid mixing drugs, including alcohol
- It is hard to know how strong your drugs are – do a test dose each time you score
- If you're using after a period of cutting down or not using, start low and go slow



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a) **How to communicate with 911 and interact with Emergency Medical Services (EMS):**

- Tell EMS exactly where you are and the overdosing person are
- Give them as much information as possible so that they can find you quickly (i.e. 3rd floor in bathroom)
- When the paramedics arrive, it is important to give them as much information as possible; tell them what you know about what drugs the person may have been using, when they used them, whether naloxone was given

b) **Naloxone: how it works and how to give it:**

Naloxone is a safe and effective medication that can reverse the effects of opioid overdose. It can be sprayed into a nostril or injected into a person experiencing an overdose. It attaches to the same parts of the brain that receive heroin and other opioids. It begins working in 1–2 minutes and it blocks the opioids for 30– 90 minutes to reverse the slowing and stoppage of breathing that would otherwise lead to death from overdose.

naloxone:

- Not effective for non–opioid drugs (i.e. does not work for cocaine OD)
- naloxone is not a psychoactive, does not cause euphoria nor dependence
- Does not cause overdose

Side Effects:

- Hypersensitivity (rash, worsening difficulty breathing, anxiety) is rare
- Too high a naloxone dosage can precipitate opioid withdrawal symptoms such as:
 - Anxiety, runny nose and eyes, chills, muscle discomfort, disorientation, combativeness, nausea, vomiting and diarrhea

NALOXONE (NARCAN®) NASAL SPRAY KITS CONTAIN:

Naloxone (Narcan®) nasal spray kit comes complete with container and contents listed below:



**Naloxone (Narcan®) nasal spray:
Two (2) 4 mg nasal spray devices**



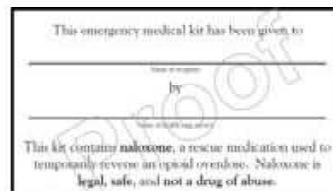
One (1) pair non–latex gloves



**Naloxone (Narcan®) nasal spray instructions for use,
opioid overdose response instructions sheet**



Client Identifier Card



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c) After and overdose:

- Is the person breathing on their own? Has their colour improved?
- Continue chest compressions if not breathing
- If the 1st dose of naloxone has no effect within 5 minutes, give another dose of naloxone
- Tell the person not to use any more drugs for at least 2 days
- If the person is feeling withdrawal sickness, using more opioids will be a "waste". While naloxone is in their system, it blocks opioids from working and they will continue to feel withdrawal symptoms: it will also make the overdose more likely to return
- If you haven't called 911 yet → call **NOW**

4. Naloxone refill procedures:

- If you are connected with the Niagara Health Mental Health and Addictions outpatient clinic, talk to the staff in it about getting a naloxone kit refill
- If living in the Niagara Region and you are not part of the Niagara Health Mental Health and Addictions outpatient clinic, then contact:

Positive Living Niagara
120 Queenston Street
St. Catharines, ON L2R 2Z3

Phone: 905-984-8684
Toll-Free: 1-800-773-9843
Email: info@positivelivingniagara.com

StreetWorks Service: "Beyond the N.O.D. Opioid Overdose Prevention" Program

StreetWorks Contact Number: 905-984-8684

