



Opioid Overdose Rescue with Naloxone Prefilled Syringe for Injection

Patient Guide

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
PBM Academic Detailing Services

What is an opioid?

Opioids are a type of medicine used to treat pain, cough, and addiction. Examples of prescribed opioid medicines are hydrocodone, morphine, and oxycodone.

Opioids can also be non-prescribed substances like heroin. Fentanyl is an opioid that can be prescribed, but also is made illegally. Non-prescribed fentanyl can be sold separately or mixed in heroin and other drugs like cocaine and methamphetamine.

Opioid overdose

Opioids can slow or stop a person's breathing. Opioid overdose occurs when a person takes more opioids than the body can handle. The person may pass out and have difficulty breathing and sometimes it may lead to death.



U.S. Department of Veterans Affairs

Veterans Health Administration
PBM Academic Detailing Services

Overdose prevention

Safer use of opioids



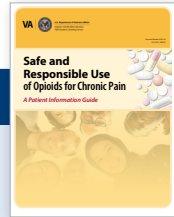
ANY OPIOID

- There is no safe dose of opioids.
- Naturally found opioids have the same risks as those made in a lab.
- Go slow! If you have not used opioids in a few days, your usual dose may cause an overdose.
- Wait! If you use an opioid, wait long enough to feel the effects before taking more.
- Many who overdose do so when using opioids alone. Tell someone so they can check on you.
- Avoid mixing opioids with alcohol, benzodiazepines (like clonazepam or alprazolam), or medicines that can make you sleepy. In some cases, this can cause an overdose.
- **Naloxone is a medicine that can reverse the effects of an opioid overdose.**

Safer use of opioids *(continued)*

PRESCRIBED OPIOIDS

- Know the name of the opioid, strength, and amount taken each day.
- Take prescribed medicines exactly as instructed by your healthcare provider.
- Review the booklet [*Safe and Responsible Use of Opioids*](#) with your healthcare provider. **Download using the QR code at the right.**



NON-PRESCRIBED OPIOIDS

- If you choose to use, go slow!
- Even a few days without opioids could make you more sensitive to them.
- Reduce your dose to half or less after any period of not using (even a couple of days).

Safety check: Look for signs of an overdose



Check

- sleepy
- heavy nodding
- deep sleep
- hard to wake
- vomiting



Listen

- slow or shallow breathing (1 breath every 5 seconds)
- snoring
- raspy, gurgling, or choking sounds



Look

bluish or grayish:

- lips
- fingernails
- skin



Touch

- clammy sweaty skin

Responding to an opioid overdose



1

Check for a response



2

Shout for help, call 911, and get naloxone



3

Check for breathing—if not breathing normally, give naloxone and start cardiopulmonary resuscitation (CPR)



4

Consider a second dose of naloxone



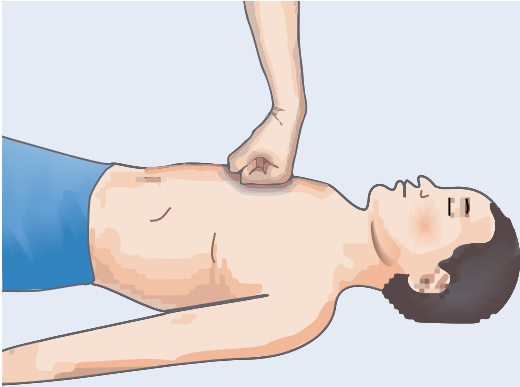
5

Place in recovery position

1

Check for a response

Give the person a light shake. Yell their name. Firmly rub their sternum (bone in center of chest where ribs connect) with knuckles and your hand in a fist.

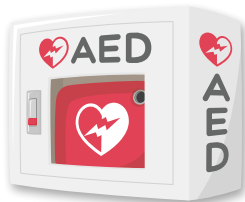


If the person does not respond by waking up and staying awake, go to step 2.

2

Shout for help, call 911, and get naloxone

- Shout for nearby help.
- Call 911 or if someone else is around, have them call 911.
- Give your address and location. Say the person is not responding and may have overdosed.
- Get naloxone.
- If available, get an automatic external defibrillator (AED).



3

Check for breathing

Look at the chest to see if it rises and falls. Check mouth to make sure airway is clear.



The person is not breathing normally if:

- the chest does not rise or fall.
- you see slow or shallow breathing. This means about 1 breath every 5 seconds or longer.
- you hear snoring, raspy, gurgling, or choking sounds.

Is the person breathing normally?



If the person is **NOT breathing normally:**
Start life saving treatment (*see next page*)

- Give naloxone.
- Use an AED if available.
- Perform cardiopulmonary resuscitation (CPR) until emergency medical services (EMS) arrives.



If the person is breathing normally:
Prevent worsening (*see page 11 for more*)

- Tap and shout.
- Reposition into the recovery position.
- If person stops responding, give naloxone.
- Continue to observe until EMS arrives.

If the person is not breathing normally



- ✓ **Give naloxone and use an AED if available.** See page 15 for detailed instructions for giving naloxone.
- ✓ **Start CPR.** See next page for instructions.

How to give naloxone:

1. Pull off cap to expose needle. Do not put finger on top of the device.
2. Hold the device by finger grips. Slowly insert the needle into the thigh.
3. Push the plunger all the way down until it clicks. Hold for 2 seconds.
4. Pull syringe from thigh. Use caution to not touch the device near the needle.
5. After use, slide the safety guard over the needle. Put the used syringe into the blue case and close the case.



Start CPR until emergency medical services (EMS) arrives

Start chest compressions:

- Place heel of one hand over center of the person's chest (between nipples).
- Place one hand on top of your other hand, keep elbows straight, shoulders directly above hands.
- Use body weight to push straight down, at least 2 inches. Push at a rate of 100 to 120 per minute.
- Continue until EMS arrives.



Start rescue breathing *(if trained in CPR)*:

- After 30 chest compressions, open airway using the head-tilt, chin lift maneuver.
- Put your palm on the person's forehead and gently tilt the head back. Then gently lift the chin forward with the other hand.
- Give 2 rescue breaths.
- Continue chest compressions and rescue breaths at a rate of 2 breaths for every 30 compressions.

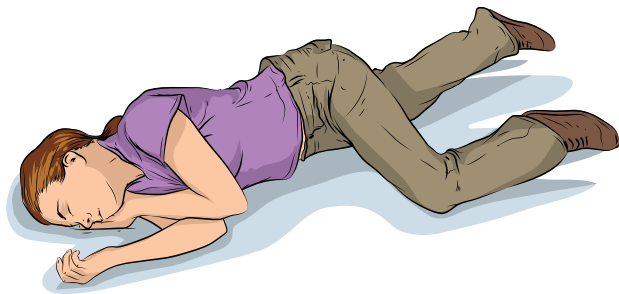




If the person is breathing normally

Prevent worsening:

- Tap and shout to keep the person awake.
- Reposition into the recovery position. This will make it easier to breathe and prevent choking if the person vomits (*see page 13 for more details*).
- If the person stops responding, give naloxone.
- Continue to observe until EMS arrives.



4

Consider a second dose of naloxone

Two situations in which to consider a second dose of naloxone:

1

If the person does not start breathing in 2 to 3 minutes after the first dose of naloxone.

2

Naloxone may wear off in 30 to 90 minutes. A second dose may be needed if the person stops breathing again.

Stay with the person until EMS takes over or for at least 90 minutes to make sure the person does not stop breathing again.

5

Place in recovery position

If the person is breathing but unresponsive, put the person on their side to prevent choking if they vomit.



Medicine instructions

- **Always keep two naloxone prefilled syringes with you.**
- Contact your provider as soon as possible if:
 - you use your naloxone prefilled syringes
 - your naloxone prefilled syringes are close to expiring
- Each prefilled syringe contains one dose and **cannot be reused.**
- Store naloxone prefilled syringes at room temperature (68° to 77° F) and away from light. Avoid extremes of heat or cold.
- Place the used syringe into the blue case and close it. Give your used naloxone prefilled syringe device to the 911 emergency responder for inspection and proper disposal. You may also discard used syringe(s) following the guidelines in your area. For more information, go to www.safeneedledisposal.org.



Detailed instructions for naloxone prefilled syringe*



Pull off the cap



Insert needle into thigh

- 1 Remove naloxone prefilled syringe from blue plastic case.
 - 2 Pull off the cap to expose the needle.
-
- 3 Hold the syringe by the finger grips only. Slowly insert the needle into the thigh. It can be injected through clothing.

* This guide is not meant to replace the naloxone prefilled syringe instructions. Please review the instructions included with your naloxone prefilled syringe.

Detailed instructions for naloxone prefilled syringe *(continued)*

- 4** After the needle is in the thigh, push the plunger all the way down until it clicks. Hold for 2 seconds. Then remove the needle from the skin.
- 5** Using one hand with fingers behind the needle, **slide the safety guard over the needle**. Put the used syringe into the blue case and close the case. It is normal to see a small amount of liquid in the syringe after injecting.
- 6** Give a second dose if there is no reaction in 2 to 3 minutes or if the person stops breathing again. Use a new naloxone prefilled syringe.



Push plunger until it clicks



Slide the safety guard over the needle. Put the used syringe in the blue case.



Resources for help are available:



VA Substance Use Disorder Treatment Program Locator:

www.va.gov/directory/guide/SUD.asp



Resources for Pain Management:

www.va.gov/PainManagement/Veteran_Public/index.asp

Cut out the card on the right to keep on hand as a resource in case of an emergency.



CUT LINE

Resources

Consider seeking long-term help at your local VA Substance Use Disorder Treatment Program:



VA Substance Use Disorder Treatment Program Locator:
www.va.gov/directory/guide/SUD.asp

- Local Emergency Services: 911
- National Poison Hotline: 1-800-222-1222
- Veterans Crisis Line: 988 or text – 838255

Buddies take care of Buddies.

Share this card with
a friend or family member.



www.mentalhealth.va.gov/substance-use

(Adapted from the
Harm Reduction Coalition, Oakland, CA)

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
PBM Academic Detailing Services



www.va.gov

Help is available anytime.

- Consider seeking long-term help at your local VA Substance Use Disorder Treatment Program:
www.va.gov/directory/guide/SUD.asp
- Local Emergency Services: 911
- National Poison Hotline: 1-800-222-1222
- Veterans Crisis Line: 988 or text – 838255
- Never Use Alone Hotline: 1-800-484-3731
www.neverusealone.com