



Overdose Response Training

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Learning Objectives

1. Know how opioids work
2. Recognize an opioid overdose
3. Respond to opioid overdose
 - > Getting help
 - > Rescue breathing
 - > Administering naloxone

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Words Matter. Stop the Stigma

Words to Avoid	Alternatives
Addict, abuser, junkie, drug seeker	Patient, person with substance use disorder
Abuse (blames person)	Misuse, risky use
Clean and dirty (for UDT results)	Positive or negative
Drug habit (denotes will power)	Substance use disorder
<i>Adapted from SAMHSA's, Substance Use Disorder: A Guide to the Use of Language</i>	

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3 TYPES OF PAIN

1. End of Life pain – opioids are indicated

2. Acute Pain – opioids are sometimes needed at the lowest effective dose for the shortest length of time

3. Chronic Pain – Opioids have never been proven to be safe or effective, the risks may outweigh the benefits

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Pain scales are everywhere

Wong-Baker FACES® Pain Rating Scale



0

No
Hurt



2

Hurts
Little Bit



4

Hurts
Little More



6

Hurts
Even More



8

Hurts
Whole Lot



10

Hurts
Worst



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MISCONCEPTIONS

- **Keep ahead of the pain – prn is bad**
- **There is no maximum dose for opioids**
- **If screen out problem patients, everything will be alright**
- **Hyperalgesia is very rare**
- **Pseudoaddiction – give patient more and it will go away**
- **Long acting opioids are safer**

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What are opioids/opiates?

- > Opioids are sedative narcotics
- > They are used in medicine mainly
To relieve pain
- > Opioids repress the urge to breathe
when someone is having an opioid
overdose, they stop breathing and
could die

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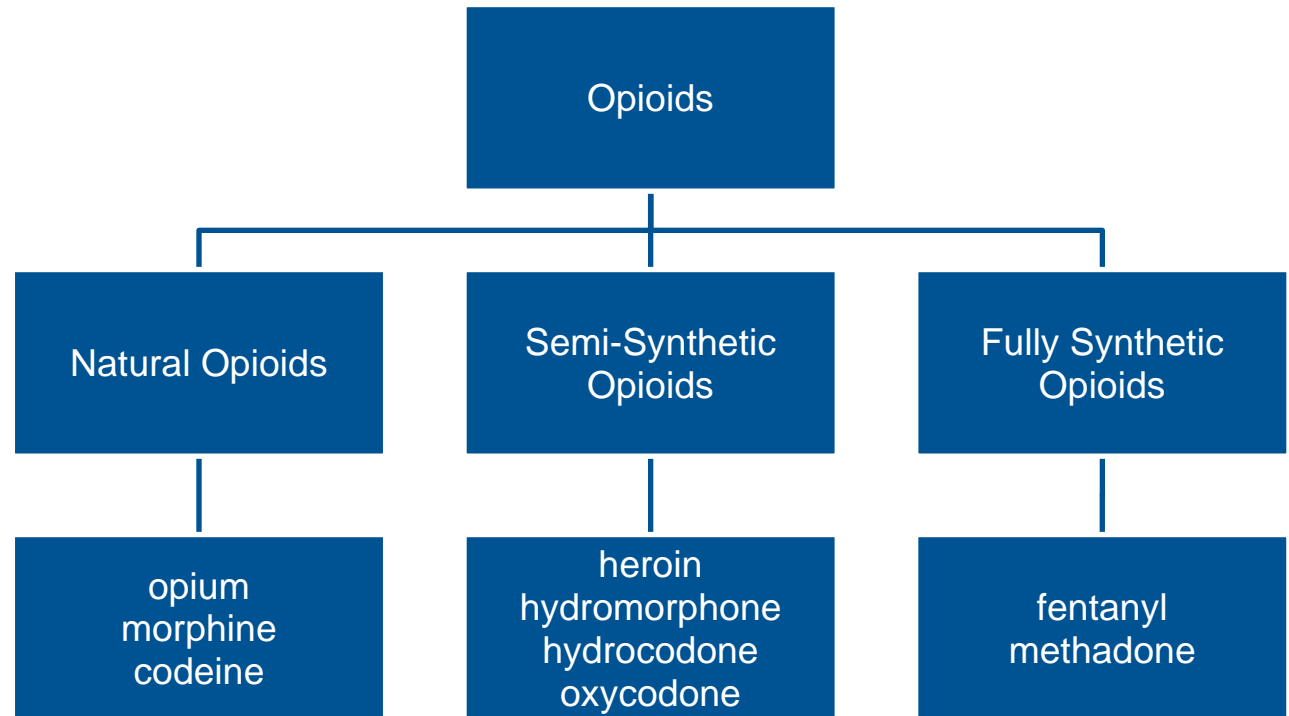
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The term *opiate* is often used as a synonym for *opioid*, but it is more.

The term *opiate* is often used properly limited to the natural opium alkaloids and the semi-synthetics derived from them.



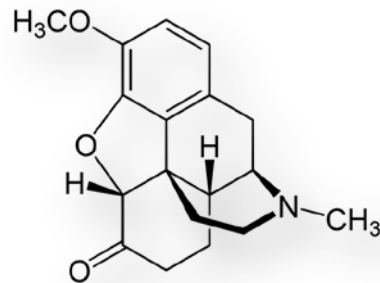
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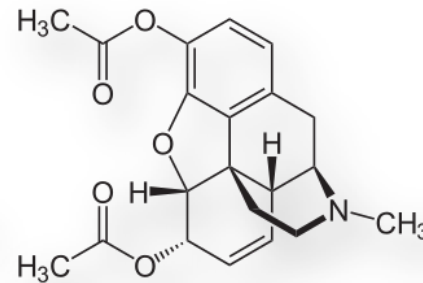
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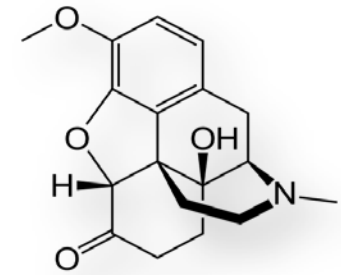
The Link Between Heroin and Prescription Drugs



Hydrocodone



Heroin



Oxycodone

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Most commonly used opioids

- Heroin
- Codeine
- Demerol
- OxyContin
- Percocet
- Percodan
- Codeine
- Morphine
- Fentanyl
- Methadone
- Opium
- Hydrocodone
- Oxycodone
- Levorphanol
- Tylenol 3
- Morphine
- Vicodin
- Demerol
- Darvocet
- Dilaudid
- Opium
- Tylox



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What puts people at risk for ODs?

- > **Mixing drugs- benzos, alcohol and cocaine especially**
- > **Changes in tolerance**
- > **Physical health**
- > **Previous experience of non-fatal overdose**
- > **Variation in strength and content of 'street' drugs**

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Mixing opioids with benzos

- > Combining opioids with benzodiazepines or alcohol leads to a worse outcome
- > Benzos are psychoactive drugs that have sedative, hypnotic, anxiolytic, anticonvulsant, muscle relaxant, and amnesic actions
- > The most commonly used benzos are: Klonopin, Valium, Ativan, Librium, and Xanax



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DANGEROUS COMBINATIONS

- Opioid and benzodiazepines- FDA and CDC warn against
- Buprenorphine and benzodiazepines
- Opioids + benzodiazepines + stimulants
- Gabapentin + opioids + zolpidem + quetiapine
- Do these really make any sense ??????

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What is Naloxone?

- > Naloxone knocks the opiate off the opiate receptor- it does nothing other than blocking opiate receptors
- > *Temporarily* takes away the “high,” giving the person the chance to breathe
- > Naloxone works in 1 to 3 minutes and lasts 30 to 90 minutes

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What is NARCAN?

- > Naloxone can neither be abused nor cause overdose, only contraindication is known sensitivity, which is very rare.
- > Too much Naloxone can cause withdrawal symptoms such as:
 - > nausea/vomiting
 - > diarrhea
 - > chills
 - > muscle discomfort
 - > disorientation
 - > combativeness

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What are the signs and symptoms of an OD?

- > Blue skin tinge
- > Body very limp
- > Face very pale
- > Pulse (heartbeat) is slow or not there at all
- > Throwing up
- > Passing out
- > Choking sounds or a gurgling/snoring noise
- > Breathing is very slow, irregular, or has stopped

REALLY HIGH	OVERDOSE
Muscles become relaxed	Deep snoring or gurgling (death rattle)
Speech is slowed/slurred	Very infrequent or no breathing
Sleepy looking	Pale, clammy skin
Nodding	Heavy nod
Will respond to stimulation like yelling, sternal rub, pinching, etc.	No response to stimulation
	Slow heart beat/pulse

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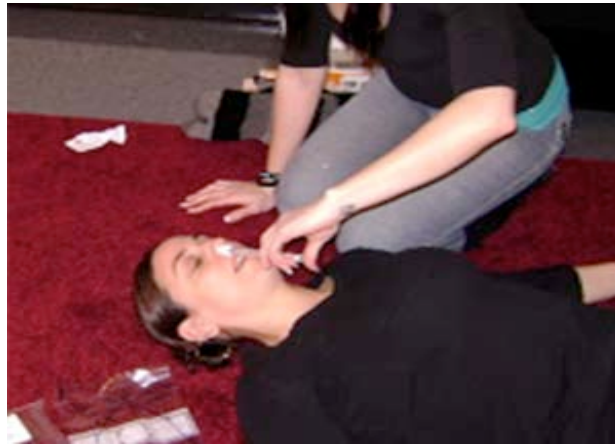
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Respond to an overdose

1. Alert EMS
2. CPR – Rescue breathing
3. Administer naloxone



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Intramuscular Naloxone Administration



Intramuscular 0.4mg/ml

- > Least expensive, but Requires training for non-medical people
- > 2015 price \$20.40
- > 2016 price \$20.40
- > Syringe is separate

All prices are from New England Journal of Medicine 375;23 12/8/2016

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Intramuscular Naloxone Administration



Evzio Intramuscular 0.4mg/0.4ml

- > Talks to you
- > Very easy to use
- > Comes with a training device
- > 2014 price \$690.00
- > 2016 price \$4500.00

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Intranasal Naloxone Administration



Intranasal 1mg/ml

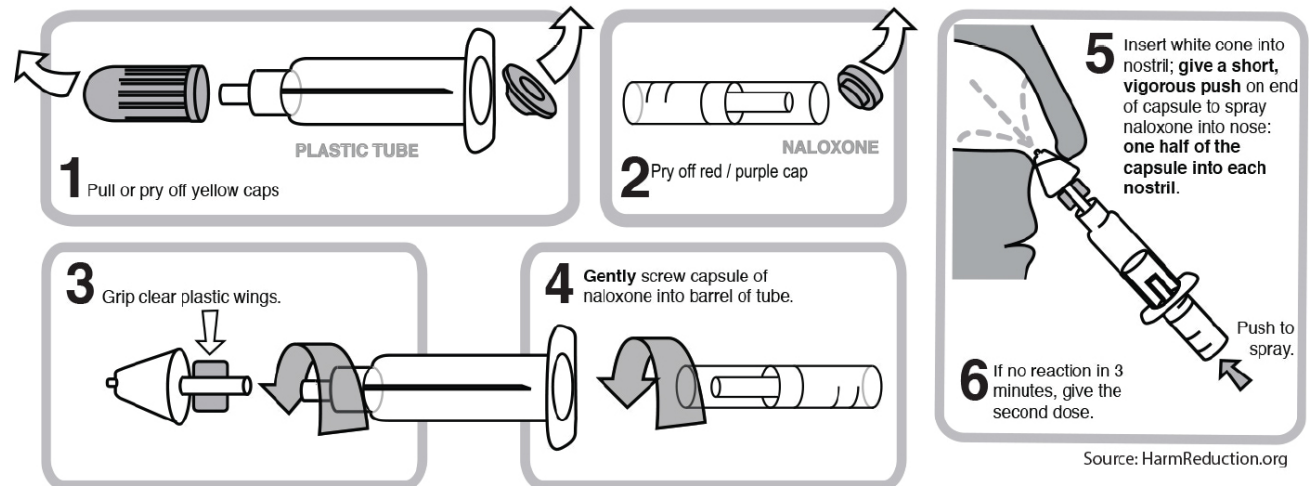
- > Each syringe is 2ml
- > Some assembly required
- > Some training needed
- > 2009 price \$20.34
- > 2016 price \$39.60
- > Atomizer is sold separately about \$5.00

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Intranasal Naloxone Administration



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Narcan Nasal Spray (Intranasal)



Narcan Nasal Spray Intranasal 4mg/0.4ml

- > Very easy to use
- > Little training needed
- > 2015 price \$150.00
- > 2016 price \$150.00
- > First responders can get for \$75.00

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Intranasal Naloxone Administration

- > Delivery route has advantages:
- > Its easy and convenient
- > The nose is a very easy access point for medication delivery
(even easier than the arm, especially in winter)
- > No shots are needed
- > It is painless
- > It eliminates any risk of a needle

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Bag stuffer for syringe sales

NALOXONE SAVES LIVES

Give this to your pharmacist to obtain Narcan or naloxone.

Pharmacist: _____

I am requesting a naloxone rescue kit for use in a suspected overdose. Please bill my insurance provider if possible. Thank you for keeping my request discreet.

Name: _____

Address: _____

Insurance Name: _____

ID Number: _____

Date of Birth: _____

Please inform me of the price based on my insurance.
Please provide me with the naloxone pamphlet from the Board of Pharmacy and consultation.



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Naloxone is available at pharmacies

SHOW THIS IMAGE TO A PHARMACIST

THERE ARE DIFFERENT KINDS OF NALOXONE
Talk with the pharmacist to decide which is the best fit for you



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Insurance coverage varies

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PARENTS BEWARE

- **Safe Use**
- **Safe Storage**
- **Safe Disposal**
- **Youth are first introduced to opioids from**
 - **Dental procedure**
 - **Sports injury**

Are they necessary? If yes then lowest dose for the shortest duration

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HOW TO STOP THE EPIDEMIC

- **Decrease demand**
- **Decrease supply**
 - focusing on only one will not work
- **Prevent new substance use disorder patients**
- **Treat the current patients**

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Abuse Deterrent Formulations ADFs

- Should be called tamper resistant
- As long as the opioid is still present, abuse and addiction potential still exist
- The only thing they guarantee is
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SUPERBOWL AD



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Questions & Answers

- > Am I protected against a lawsuit for giving a person who is overdosing Naloxone?
- > What is the risk period for an OD to reoccur after giving Naloxone?
- > If the person isn't overdosing and I give them Naloxone will it hurt them?

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