

**ALABAMA  
LAW ENFORCEMENT  
NALOXONE TRAINING**



Produced by the Alabama Department of Public Health  
Distance Learning and Telehealth Division

**Provided by:**

**Ann Slattery, DrPH, RN, RPh, DABAT  
Managing Director**

**Justin Arnold, DO, MPH  
Medical Director**

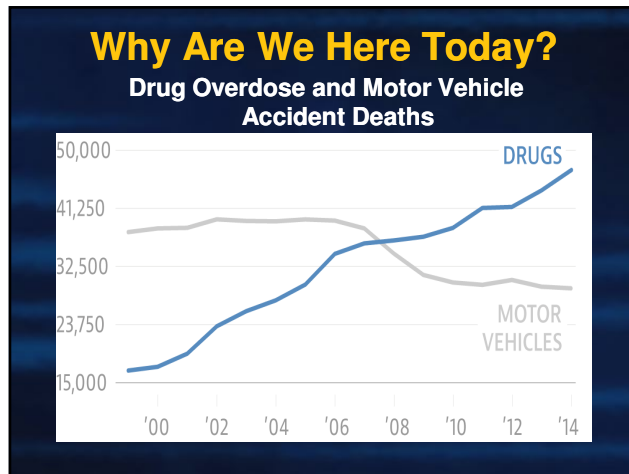
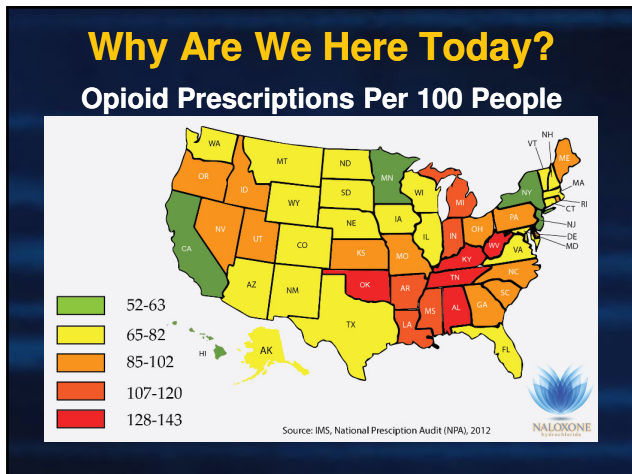
**Regional Poison Control Center at  
Children's of Alabama  
University of Alabama at Birmingham  
Department of Emergency Medicine**

**No Disclosures  
Conflict of Interest Statement**

- This presentation was prepared by the Regional Poison Control Center in cooperation with the Alabama Department of Public Health
- The authors of this presentation have no conflicts of interest to disclose

**Goals**

- Discuss need for naloxone training
- Review 2015 Alabama House Bill 208
- Define and identify opioids
- Recognize signs of an opioid overdose
- Understand how naloxone works
- Learn how to administer naloxone

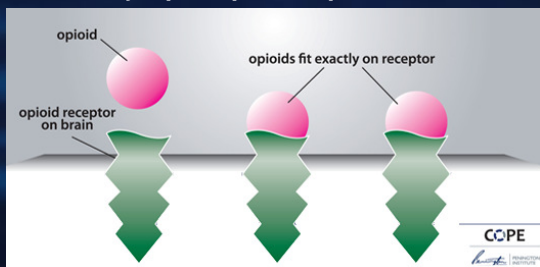


- ### Why Are We Here Today?
- Law enforcement officers, firefighters, and EMTs are increasingly being called to respond to opioid overdoses
    - Law enforcement officers are often the first responders on the scene
  - **Timing of the administration of naloxone and rescue breathing is critical** after an opioid overdose

- ### 2015 House Bill 208
- Expanded naloxone use by limiting liability to prescribers, family and friends, and permitting law-enforcement use after training
    - **Permits law enforcement use of naloxone (intra-nasal)**
    - **Permits patient assessment**
    - **Permits rescue breathing**

## What is an Opioid?

- Opioids are substances that bind to specific receptors in the brain and decrease the body's perception of pain



## Generic and Brand Names

- Buprenorphine - Suboxone®
- Codeine - Tylenol #3®
- Fentanyl - Actiq®, Duragesic®, Sublimaze®
- Heroin - 1898-1910
- Hydrocodone - Lorcet®, Norco®, Vicodin®, Lortab®
- Hydromorphone - Dilaudid®
- Levorphanol - Levo-Dromoran®
- Meperidine - Demerol®
- Methadone - Dolophine®
- Morphine - Roxanol®, Duramorph®
- Opium - Paragoric®
- Oxycodone - Percocet®, Percodan®, Tylox®, Oxycontin®
- Oxymorphone - Opana®, Numorphan®, Numorphone®
- Tramadol - Ultram®, Ultracet®

## What is NOT an Opioid?

- Other Pain Medications
  - Acetaminophen – Tylenol®
  - Ibuprofen – Motrin®
  - Naproxen - Aleve®
- Benzodiazepines
  - Lorazepam – Ativan®
  - Diazepam – Valium®
  - Alprazolam – Xanax®
- Muscle Relaxants
  - Cyclobenzaprine – Flexaril®
  - Methocarbamol - Robaxin®
- Cocaine
- Methamphetamine
- PCP
- LSD
- Molly / MDMA
- Marijuana

## Signs of an Opioid Overdose “High” versus Overdose



### **“High” from Opioids**

- Person will respond to commands
- Breathing appears normal (not labored or excessively shallow)
- Slow/slurred speech
- Pinpoint pupils (some exceptions)

### **Signs of an Opioid Overdose**

- Depressed mental status
  - Unconscious – does not respond to voice, sternal rub, limp body
- Depressed or absent breathing
  - Suppressed breathing < 8 breaths/minute, shallow
  - Cyanosis – blue or gray lips or fingernails

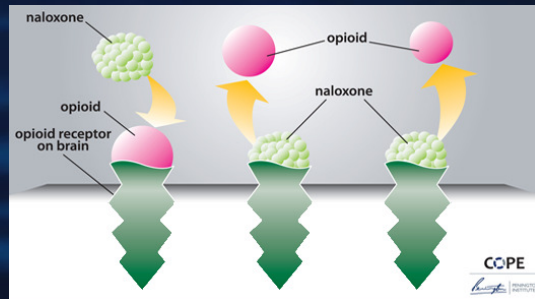
### **Signs of an Opioid Overdose**

- Pale, clammy skin
- Slow or irregular pulse
- Snoring, gurgling, or choking sounds (a.k.a. death rattle)
- Pinpoint pupils

### **What is Naloxone?**

- Generic name for Narcan®
- Rapid **opioid reversal agent**
- Blocks the effects on the respiratory control center and restores respirations
- Blocks the effects on CNS depression and can restore alertness

## What is Naloxone?



## Naloxone is Only Useful for Opioid Overdoses

- Naloxone will NOT work to reverse the effect of any drug or medication that is not an opioid!
- CPR should be used instead of naloxone if the individual does not have a pulse!

## Responding to a Suspected Opioid Overdose Emergency

- Use universal precautions (minimal level is medical gloves)
- Check for responsiveness and administer initial rescue breaths if the person is not breathing
- Request assistance (911)
- Administer naloxone

## Responding to a Suspected Opioid Overdose Emergency

- Resume rescue breathing if the person is not breathing on their own yet
- Reassess for response and administer a second dose of naloxone if no response after 3 minutes

## Intranasal Naloxone



## Prepare to Administer Intranasal Naloxone



Needleless Syringe

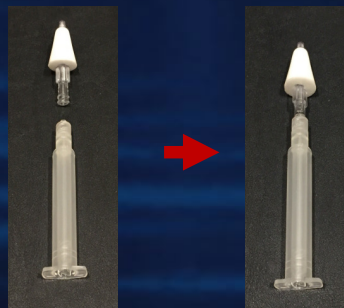
Medication Capsule

MAD

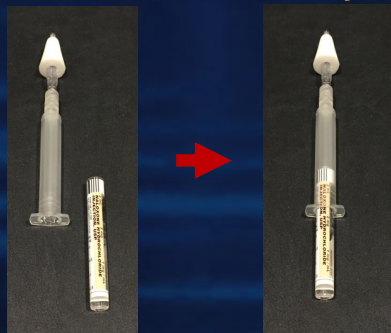
## Step 1 – Remove Protective Caps



## Step 2 – Attach the Mucosal Atomization Device (MAD)



### Step 3 – Gently Screw the Medication Into the Syringe



### Step 4 – Administer 1/2 of the Medication Into Each Nostril



### Step 5 – Provide Rescue Breathing if Needed and Consider Need to Re-dose



### Alternative Formulations of Naloxone



### Side Effects

- Precipitated opioid withdrawal
  - Restlessness, irritability, body aches, dizziness, weakness, diarrhea, abdominal pain, nausea, vomiting, fever, sweating, piloerection (goosebumps), hypertension and tachycardia
- Allergic Reaction to the medication itself
  - Hives, trouble breathing, swelling of face, lips, tongue or throat

### Frequently Asked Questions

- What should I expect once naloxone has reversed the overdose?
  - Improved breathing (goal of naloxone administration) and possible withdrawal symptoms
- Can you administer it under the tongue?
  - No, the lining of the mouth is different than the nose

### Frequently Asked Questions

- Does it work with a fentanyl patch? What about the newer fentanyl analogues?
  - Yes, but be prepared to give a second dose
  - Fentanyl (especially a patch) victims may need multiple naloxone doses

### Frequently Asked Questions

- How do you store naloxone?
  - It should ideally be stored at room temperature and away from light
  - If stored in a vehicle, store in a cool place, out of direct sunlight