

TAKE HOME NALOXONE TRAINING

February 14, 2017



OUTLINE

This presentation will provide the educator (staff) with the core knowledge that must be provided to the client receiving the
Take Home Naloxone (THN) Kit

The presentation will cover:

- Harm reduction
- Street drugs
- Risk factors for and preventing overdose
- Recognizing and responding to an overdose
- THN training requirements
- Dispensing, recording and replacing THN Kits

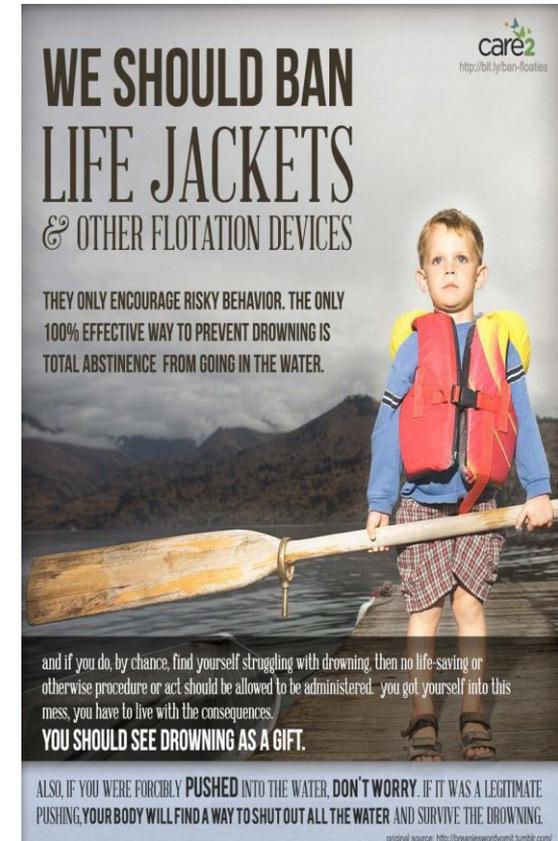
OUTLINE

The key concepts that must be understood by the client before receiving the kit include:

- Basic overdose prevention
- Recognizing an overdose
- Responding to an overdose

HARM REDUCTION

- Public health approach
- Policies, programmes and practices that aim to reduce harm
- AHS [Policy](#) on Harm Reduction
 - “AHS recognizes the **value of harm reduction** as an important **component in the continuum of care...**”
 - “Harm reduction means those policies, programs, and practices that aim primarily to **reduce the adverse health, social or economic consequences of the use of legal and illegal psychoactive substances without necessarily reducing consumption.**”



OPIOIDS

- Synthetic or natural chemical that binds to opioid receptors
- Central nervous system depressants that result in euphoria, decreased heart rate, decreased respiration rate, drowsiness, slow/slurred speech and constricted pupils
- Some examples:
 - Heroin
 - Oxycodone
 - Hydrocodone
 - Morphine
 - Methadone
 - Fentanyl



FENTANYL



Current public health crisis in Alberta related to illicitly produced fentanyl

- Up to 100 times stronger than other opioids
- Is being sold as fake oxycodone (green beans, shady eighties)
- Sometimes it is mixed in with other drugs people are taking
- Non-pharmaceutical grade is much more toxic and causes higher rates of respiratory distress and overdose

RISK FACTORS FOR AN OPIOID OVERDOSE

Mixing drugs	<ul style="list-style-type: none">• If using illicit substances or even prescribed opioids or benzodiazepines, use only one drug at a time• Mixing CNS depressants such as alcohol, benzodiazepines, and opioids can increase risk of overdose• Mixing stimulants with depressants (speedball) actually increases risk of overdose because the body has more drug to process
Quantity/Potency	<ul style="list-style-type: none">• Opiates are not all created equal, some are more potent than others• Be careful when substituting one opioid for another or switching to another prescription opioid• If using illicit opioids do a test hit first• Taking high doses of opioids (illicit and prescription) can increase risk of overdose
Tolerance	<ul style="list-style-type: none">• Tolerance drops rapidly within a few days of not using or of using less• High risk situations for decreased tolerance include recent incarcerations, detox or hospitalizations• If using illicit opioids, use a smaller amount or dose to start with
Individual's health status	<ul style="list-style-type: none">• General physical health can play a role in overdose risk• Impaired liver or kidney function can affect how the drug is metabolized in the body• If using illicit opioids, go slow, take breaks and use less if sick
Routes of administration	<ul style="list-style-type: none">• The route determines how quickly the drug takes effect• Be careful when switching routes, you may not be able to handle the same amount• Use the safest route you can (swallowed → snorted → injected)
Previous history	<ul style="list-style-type: none">• Previous overdose can be a risk factor or predictor for a future overdose

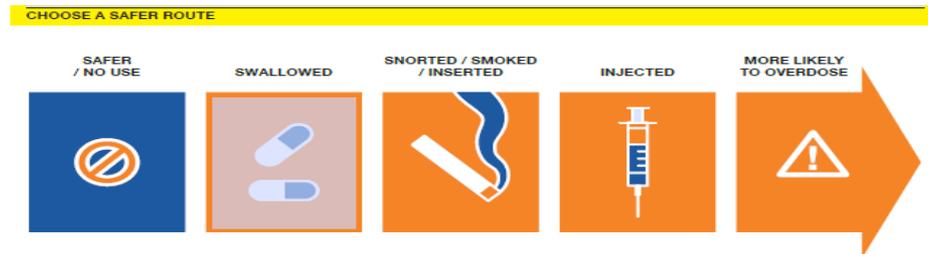
GENERAL OVERDOSE PREVENTION

How can we support clients who are actively using opioids?

Educate about overdose prevention!

Key messages:

- Do not use alone
- Use safer routes
- Do a test hit first
- Know the signs and symptoms of an OD
- Do not mix drugs
- Carry naloxone & Call 911 for overdoses
- Know where to find resources



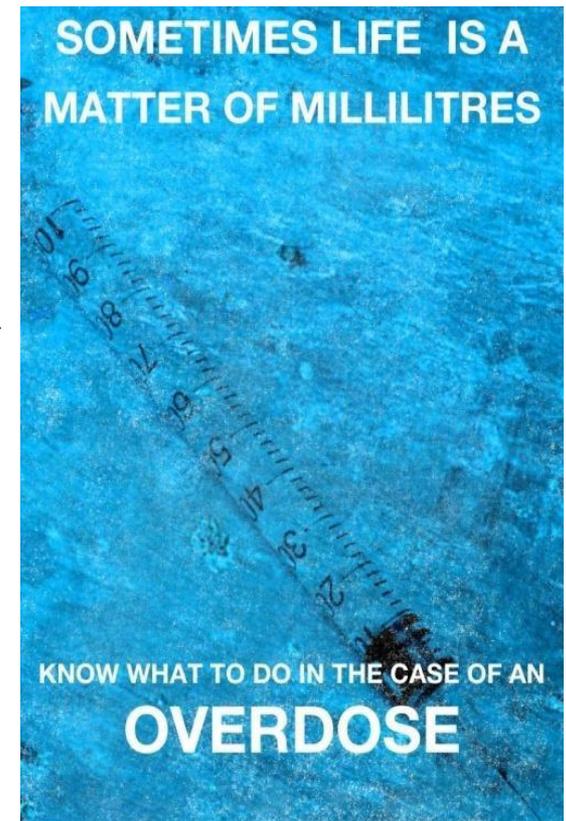
RECOGNIZING AN OPIOID OVERDOSE

Symptoms of an overdose

- *Unresponsive to stimulus* such as someone yelling their name, a light shake or a sternal rub
- Breathing is slow, erratic or not breathing at all
- Body is very limp
- Fingernails and lips are blue
- Skin is cold and/or clammy
- Pulse is slow, erratic, or not there at all
- Choking sounds or a snore-like gurgling noise
- Vomiting and/or Seizures
- Loss of consciousness
- Pupils are tiny

WHAT IS NOT HELPFUL

- If someone is overdosing from an opioid it is not helpful to:
 - Let them sleep it off
 - Give them amphetamines to wake them up
 - Put them in a cold bath or shower
 - Slap, hit or punch them to try and wake them up
 - Try to get them to vomit



RESPONDING TO AN OVERDOSE

Follow the **SAVE ME** steps
to respond to an overdose



Stimulate – call 911

Airway – ensure no restrictions

Ventilation -rescue breathing or initiate CPR with compressions if directed by 911 dispatcher

Evaluate the situation

Muscular injection of naloxone

Evaluate again - continue rescue breathing

**If you ever have to leave the person alone,
put them in the recovery position**

STIMULATE



**Can you wake the person?
Do they respond to stimulus?
If not – CALL 911**

- Answer the dispatcher's questions briefly and clearly
- Tell the dispatcher that the person is unconscious and not breathing
- When EMS arrives, tell them as much as you know
 - What they took, how much and when
 - How long you have been giving rescue breaths or CPR
 - If you gave naloxone - how many doses and when

AIRWAY AND VENTILATION

**If they are unresponsive and not breathing,
start rescue breathing or initiate CPR with compressions if directed
by 911 dispatcher**



- Place them on their back and tilt the chin up to open the airway
- Check to see if there is anything in their mouth blocking their airway
- Use your barrier mask from the kit to cover their mouth
- Plug the nose with one hand, and give 2 even, regular-sized breaths – this should make their chest rise
- If you don't see their chest rise, tilt the head back more and make sure that you're plugging the nose and covering the mouth with the mask
- **Give one breath every 5 seconds for 2 minutes (rescue breaths)**

HEART AND STROKE GUIDELINES

Opioid overdose response and naloxone administration is not a substitute for Basic Life Support or CPR training and does not include instruction on chest compressions.

The Heart and Stroke Foundation of Canada Guidelines (2015) recommend chest compressions in addition to ventilation, therefore the 911 dispatcher may instruct to start chest compressions.

CPR technique is based on rescuer level of training.

EVALUTE THE SITUATION

**If no response after rescue breathing
for 2 minutes
then administer naloxone**

NALOXONE

(also known as Narcan)

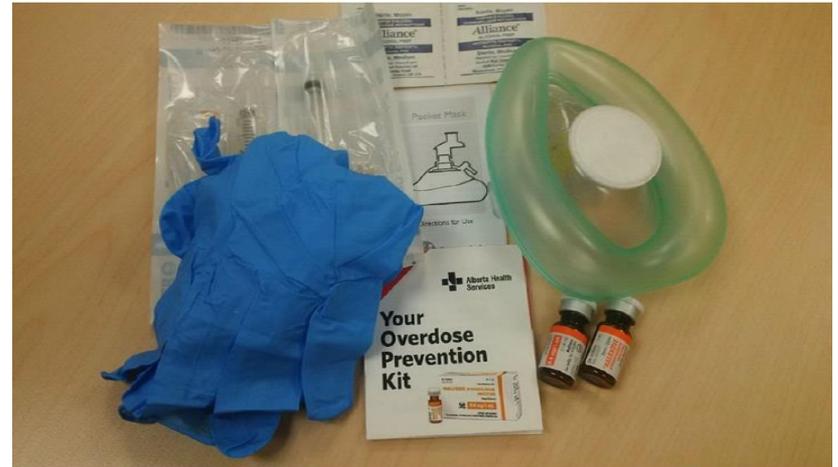


- Safe and effective antidote to opioid overdose – prevents or reverses the effects of opioids by blocking the κ , σ and μ opioid receptor sites in the central nervous system
- The only contraindication is hypersensitivity to naloxone
- No potential for misuse - it does not get a person intoxicated/stoned/high
- It has no effect if opioids are not present
- Once administered intramuscularly it starts to work in approximately **2 to 5 minutes**
- When the naloxone kicks in, the person may be disoriented, agitated, angry and want to use drugs again. Try to explain to them what happened, tell them EMS are on their way and urge them not to use
- Effects wear off within **30–60 minutes** so critical to call **911**
- Should be stored between 15-30°C and protected from light

TAKE HOME NALOXONE KIT

- Each kit contains:

- 2 vials naloxone (0.4mg/mL)
- 2 syringes
 - 3mL – 25g x 1”
- 2 alcohol swabs
- 2 gloves
- One-way rescue breathing barrier mask
- THN brochure - how to respond to opioid overdose
- THN kit label – provincially designated prescription information

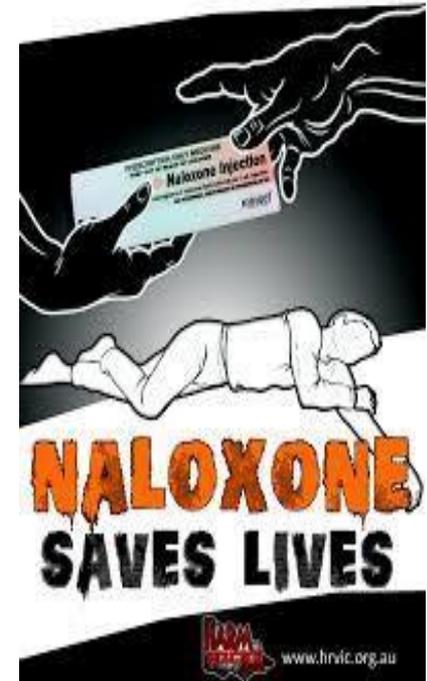


MUSCULAR INJECTION OF NALOXONE

- Expose thigh as much as possible, divide into thirds, plan to inject into the middle section (vastus lateralis)
- Clean injection area with alcohol swab
- Take cap off vial, clean vial with alcohol swab
- Connect needle to syringe and draw up entire vial (1 mL of liquid)
- Remove air bubbles in syringe
- Hold needle like a dart and insert into middle of the thigh at 90°
- Push down on the plunger slowly and steadily
- Remove needle at 90° and dispose safely (back into kit container)
- Keep vial(s) for EMS to see what was given

EVALUATE AGAIN

- Naloxone takes effect within 2-5 minutes
- After giving the first dose, unless the person is awake and breathing NORMALLY on their own, continue rescue breathing or CPR with compressions for another 2 min
- If they are still not responsive and breathing adequately on their own, give the 2nd dose of naloxone
- Continue rescue breathing or CPR with compressions until they are breathing on their own or until help arrives
- Stay with the person until EMS arrives



RECOVERY POSITION

THE RECOVERY POSITION

KEEP THE AIRWAY CLEAR



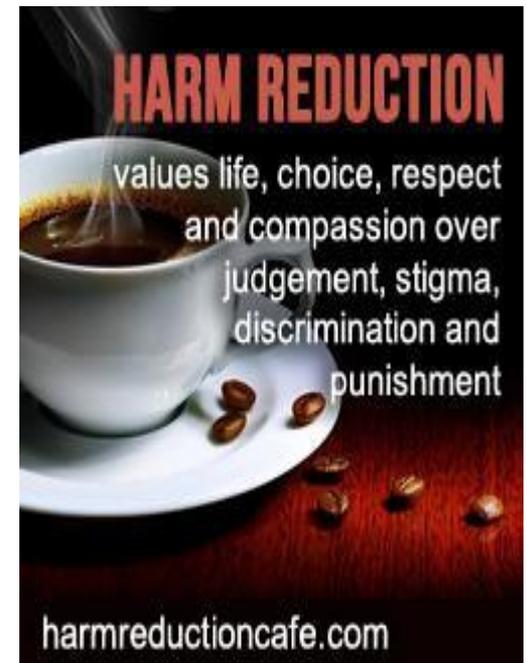
If the person starts breathing on their own **OR** will be left alone –
PUT THEM IN RECOVERY POSITION – this will help keep their airway open and prevent them from vomiting and choking

WAIT FOR EMS TO ARRIVE

Stay with person. If you must leave them alone at any point, or if they are unconscious, put them in this position to keep airway clear and prevent choking.

AFTER THE EVENT

- If a kit is used direct the client to call Health Link at 811 and they can:
 - Anonymously report kit usage
 - Find out where and how to get a replacement kit
 - Access support and resources including debriefing
 - Complete a THN Kit User Questionnaire
- Take Home Naloxone training is valid for 1 year.



Physician or Nurse Practitioner: PRESCRIBING & DISPENSING THE THN KIT

- Use the [Client Handout](#) to provide education about opioid overdose prevention, recognition and response.
- Review the contents of the kit with the client.
- ****NPs:** complete the [label](#) and affix it to the inside of the kit. These labels contain the provincially designated prescription information.
- If a THN kit is to be dispensed from a pharmacy, provide the client with a prescription as per usual practice.
- If prescribing and dispensing a THN kit from your site, retain the prescription in the client's chart.
- The Site reporting [survey](#) must be completed monthly by one member of the team.

Registered Nurses (RN) or Registered Psychiatric Nurses (RPN): DISPENSING THE THNKIT

- Work through the [Decision Support Tool](#) and [Flow Sheet](#)
- Use the [Client Handout](#) and the [Knowledge Checklist](#) to review the key concepts related to opioid overdose prevention, recognition and response.
- Review the contents of the kit with the client.
- Complete the [label](#) and affix it to the inside of the kit. These labels contain the provincially designated prescription information.
- Document all interventions related to client care as per CARNA and CRPNA standards and practice setting processes.
- Complete the [dispensing record](#).
- The Site reporting [survey](#) must be completed monthly by one member of the team.

RN or RPN:

PRESCRIBING & ADMINISTERING NALOXONE

- In some situations the RN or RPN may encounter a client experiencing a suspected opioid overdose.
- Once the RN or RPN has met the CARNA/CRNPA Terms & Conditions, the RN or RPN is authorized to assess the client and *prescribe and administer naloxone using the THN kit*.
- RN or RPN Prescribing and Administering Naloxone [Flow Sheet](#) supports the RN or RPN to assess the client and make a decision to prescribe and administer naloxone.

Exception: In ED or other acute care sites, the RN or RPN would follow the physician or NP's order (if they are available to prescribe) and utilize the naloxone ward stock.

Questions



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