

Naloxone is a fast acting medication that reverses the respiratory depressant effects of opioids. Side effects are extremely rare however the person may get symptoms of opioid withdrawal. This will depend on how much naloxone is given.

USING AN AMPOULE



- Tap the ampoule base to remove liquid from top
- Snap the neck of ampoule. Open a 2, 3 or 5ml barrel and a 23g needle and assemble
- Uncap the needle, insert into the base of the ampoule
- Draw up all of the naloxone
- Follow injection procedure on next page

USING PRENOXAD™*



- Remove Prenoxad™ seal strip
- Twist box to break seal and open
- Open needle packet, remove syringe
- Unscrew rubber cap, screw on needle
- Follow injection procedure on next page

* Prenoxad™ can be given in doses marked on the side of the syringe, instructions in box

AFTER NALOXONE CARE

Stay with someone who has been given naloxone.

Naloxone's effects wear off in about 30-90 minutes. Heroin/opioids last a lot longer.

After naloxone has been given:

- Reassure the person
- Advise them to seek medical assistance
- Encourage them to stay with you
- Delay any further drug use. There may be an increased risk of overdose if opioids are used after naloxone has been given
- Let medical staff/paramedics know when and how much naloxone was given

- D** Check for **DANGER**
- R** Check for **RESPONSE**
- S** **SEND** for help
- A** Clear and open **AIRWAY**
- B** Check for **BREATHING**
- N** Give **NALOXONE**
- C** Commence **CPR**
- D** Use **DEFIBRILLATOR** if available

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SIGNS OF AN OPIOID OVERDOSE

- Blue lips and/or fingernails
- No response
- Shallow breathing or not breathing at all
- Snoring or gurgling
- Pinned pupils
- 'On the nod'

If you notice any of these signs take action immediately

THE RISK OF OVERDOSE AND RELATED DEATH IS INCREASED BY:

- **POLY DRUG USE.** Using opioids with other depressants e.g. alcohol, benzos, pharmacotherapies, methadone
- Dropped **TOLERANCE**, haven't used for a while, exiting detention or detox, using or ceasing pharmacotherapies, i.e. methadone, suboxone or naltrexone
- Using higher **PURITY** drugs
- Using **LARGER AMOUNT** of drugs
- Injecting for the **FIRST TIME**, or **CHANGING METHOD** of use i.e. smoking to injecting
- **USING ALONE**
- **LEAVING SOMEONE TO SLEEP IT OFF**
- **OTHER HEALTH ISSUES** are present, infection, high temperature

RECOGNISE
&
RESPOND

DIAL
000
(TRIPLE ZERO)

DIAL 000
(TRIPLE ZERO)

REMEMBER

POLICE WILL NOT ATTEND AN OVERDOSE UNLESS THERE IS A DEATH OR AMBULANCE OFFICERS FEEL UNSAFE

Naloxone is now available with prescription and over-the-counter from a pharmacy. Anyone can learn how to give naloxone. Talk to your GP or pharmacist.

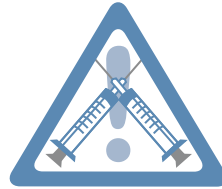


Government of Western Australia
Mental Health Commission

RESPONDING TO OPIOID OVERDOSE

D

Check the environment for **DANGER**, clear away any uncapped needles or other sharp objects



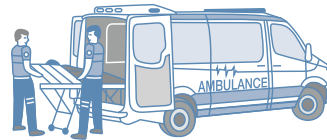
R

Check for **RESPONSE** by calling their name, squeezing their shoulders or ask them to open eyes



S

SEND for help
Call an ambulance 000 (triple zero)



A

Clear the **AIRWAY**

- Place one hand on forehead
- Place two fingers on the chin
- Open mouth, check for foreign material, if blocked, put in recovery position, clear airway
- Open the airway, place hand on forehead, two fingers on chin, head tilt, chin lift



B

Check for **BREATHING, LOOK, LISTEN** and **FEEL**, for 2 normal breaths in 10 seconds, if breathing put in the recovery position

If **NOT** breathing:

- Put on breathing face mask
- Pinch off nose
- Seal your mouth over theirs
- Give 2 'rescue breaths'



N

If not breathing normally, give **NALOXONE**

- Injection sites; upper outer buttock, upper outer thigh or the outer upper part of the arm (deltoid)
- Choose injection site, uncap needle, insert at 90° angle, push all the way in
- Push plunger down injecting the naloxone into the muscle
- Safely dispose of injecting equipment
- Note the time and amount of naloxone given



If breathing normally, put the person in the recovery position

- Place person on their side, ensure **STABILITY** with leg and hand support/position
- Tilt head slightly back, **OPEN AIRWAY**
- Turn mouth slightly downwards to allow **DRAINAGE**
- Check their airway and breathing
- **LOOK, LISTEN, FEEL** for normal breathing
- Check for breathing every 2 minutes until help arrives, reassure the person, monitor and stay with the person



If the person **STOPS** breathing commence **CPR 30 compressions: 2 breaths**

Continue until breathing normally or until ambulance arrives

C

NORMAL BREATHING IS:

2 substantial breaths in 10 seconds (An occasional gasp, snoring or gurgling sound is NOT normal breathing)

If still not breathing normally after 2-5 minutes, give 2nd naloxone injection.

If you are worried about a delayed response, it is **OK** to give more naloxone at any time

D

DEFIBRILLATOR, use if available, turn on, follow the prompts

CALL AN AMBULANCE 000 (TRIPLE ZERO)