Management of Suspected Opioid Overdoses in Community Settings
(Adults & Youth) (for Allied Health and Unregulated Care Providers)

Site Applicability

VCH Community sites where opioid overdoses may be encountered by staff (with manager approval)

Practice Level

Allied Health Providers (Regulated and Unregulated): Advanced Skill

- In community settings only (including therapeutic outings). Excludes publicly accessible hospital areas.
- **Note: RT (Respiratory Therapists)**: When available, may also use an oral or nasal airway and oxygen (as per RT scope of practice and competency).

Unregulated Care Providers: Advanced Skill

- In community settings including publicly accessible hospital areas.
- **Note:** Unregulated care providers may include but is not limited to harm reduction workers and peer workers.

Education

- The *Overdose Prevention and Naloxone Training for VCH Staff* course is required before performing this skill (available through VCH Harm Reduction, CCRS, or may be available through your trained program educator and/or clinical lead).
- A First Aid Course with rescue breathing and CPR is also recommended but optional.

Remaining Competent:

- If you cannot recall how to perform all parts of this skill properly, or have not used this skill for 6 months, re-read this guideline.
- If you have not used this skill in 1 year, re-take the Overdose Prevention and Naloxone Training for VCH Staff course.

Policy Statement

A British Columbia-wide health emergency has been called by the provincial health officer to recognize the current opioid overdose crisis in BC.

VCH supports all staff who work with people at risk for opioid overdose to administer naloxone and first aid in cases of suspected opioid overdose.

Need to Know

The Health Professions Act – General Regulation (updated January 27, 2017) allows any person in any setting, including those who are not otherwise authorized, to assess for suspected opioid overdose and treat with first aid and naloxone.

Regulated Allied Health Professionals must adhere to their regulatory college's limits and conditions on opioid overdose and naloxone.

Opioids are substances (drugs) used to treat pain and addiction, to produce euphoria, or to manage withdrawal symptoms. Opioids include codeine, hydrocodone, hydromorphone (dilaudid), methadone, fentanyl and carfentanil, among others. Opioids bind to receptors in the brain, and cause sleepiness and slowing of body functions.

Opioid overdose that is not identified and treated in a timely manner leads to brain damage or death. This is caused by a decrease or lack of breathing, which results in a lack of oxygen to the brain and heart.

Practice Guideline

Opioid overdose symptoms:

- Decrease or lack of breathing (fewer than one breath every 5 seconds)
- Gurgling or snoring sounds
- Difficult to wake up or keep awake
- Tiny pupils
- Slow or no heart rate
- Vomiting
- Cold and clammy skin
- Bluish colour around the lips in people with lighter skin; grayish or ashen around the lips in people with darker skin

Naloxone is a safe treatment that should be used in conjunction with rescue breaths to reverse symptoms of opioids and help prevent brain damage or death. Rescue breaths provide oxygen while waiting for naloxone to take effect and will reduce risk of brain damage.

Naloxone displaces previously ingested opioids from the receptors in the brain, temporarily reducing the opioids effect on the body. **The goal of naloxone administration is to:**

- Increase breathing rate
- Open airway
- Increase alertness

NOTE: There are many reasons why a person may lose consciousness and be unresponsive (e.g. head injury, heart attack, stroke, seizures, low blood sugars in a diabetic, blood loss, etc.). If you suspect opioid overdose, treat as per this guideline, as giving naloxone to someone who has not taken opioids will not harm them. However, it is essential to call 911 immediately to ensure the person is transported to hospital quickly for diagnosis and treatment.

In VCH sites with Code Blue Teams, the Code Team will be called instead of 911.

If a person is 'high', they may appear drowsy. They will respond to shouting or sternal rub. This is not an overdose and does not require treatment. However, drowsiness may be a sign that an overdose is coming. If possible, watch them or have someone (who has access to naloxone and a means to call 911) watch them to ensure their symptoms do not worsen.

Because naloxone wears off before opioids do, anyone who receives naloxone is at risk of re-overdosing. All people treated with naloxone should be encouraged to be monitored in a health care setting with access to oxygen and naloxone (e.g. hospital). If they decline this monitoring, encourage the person to remain with others who could re-administer naloxone and call for help for at least 2 hours.
Advise the person not to use other substances, especially opioids, alcohol or other ‘downers’ because they are at higher risk of overdosing again.

All people who use opioids or any substances purchased illicitly (because they may be contaminated with fentanyl) should be considered as candidates for receiving a *Take Home Naloxone* kit and training.

Too much naloxone can cause a person to experience severe acute withdrawal symptoms. This may include

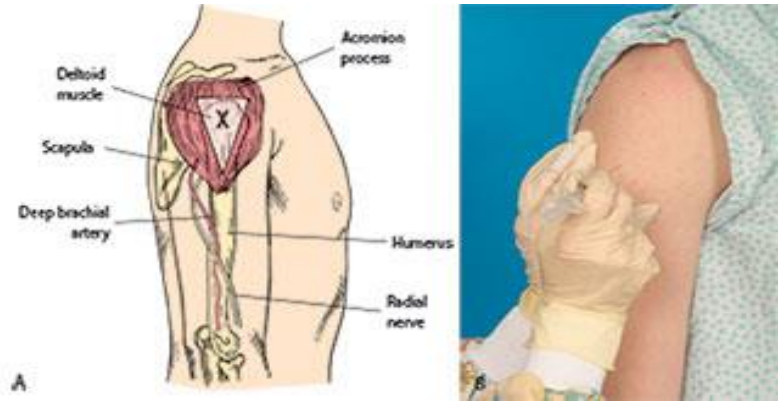
- Anxiety, irritability, aggression
- Dilated (large) pupils
- Sweating
- Nausea, vomiting, diarrhea
- Stomach cramps
- Fast pounding heart rate
- Tremors or shaking

Therefore, the goal of naloxone administration is to administer enough to increase alertness and breathing, but not place them into withdrawal.

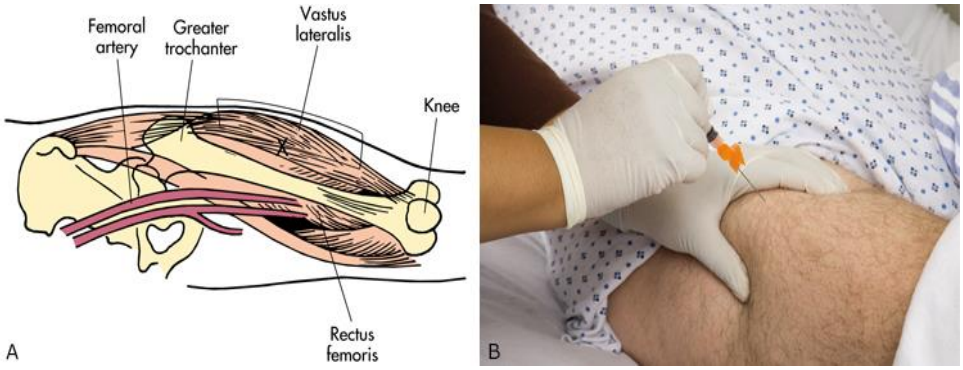
Landmarking for injections:

If possible, use the upper arm or thigh rather than the butt. These sites are generally easier to access and it is more likely naloxone will correctly end up in the muscle rather than other tissues. The butt (dorsogluteal) also carries a risk of damage to the sciatic nerve if not landmarked correctly.

- **Upper arm:** inject into the meaty part of the muscle on the upper arm as shown in below pictures.



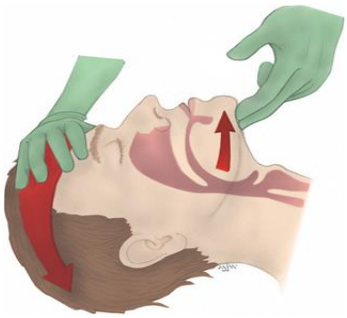
- **Thigh:** inject into the meaty part of the thigh muscle as shown in below pictures.



Alcohol swabs should be used before injections (circular motion, allow to dry) to prevent infection if there is time. But if breathing is very slow or absent, alcohol swabbing may be skipped to allow quick administration of naloxone. In emergencies, injections can be done through clothing.

How to perform rescue breaths:

- Rescue breathing is easiest performed with the client/patient on their back
- Open the airway and mouth
- Check for any foreign bodies or blockages which may include needle caps, gum, food, or vomit.
    - Do not put your fingers inside the person's mouth
    - Turn the head and/or use an object such as the plunger end of a syringe to remove objects if easy to do so.
- Open the airway by doing a head-tilt chin-lift (see image)
- Keeping airway open, place the plastic face shield over the patients face using the directions drawn on the mask
- Pinch the nose
- Give two breaths over no more than one second
- Continue giving one breath every 5 to 6 seconds for the rest of the intervention, or until the patient rouses or breathes effectively on their own (1 breath every 5 to 6 seconds)

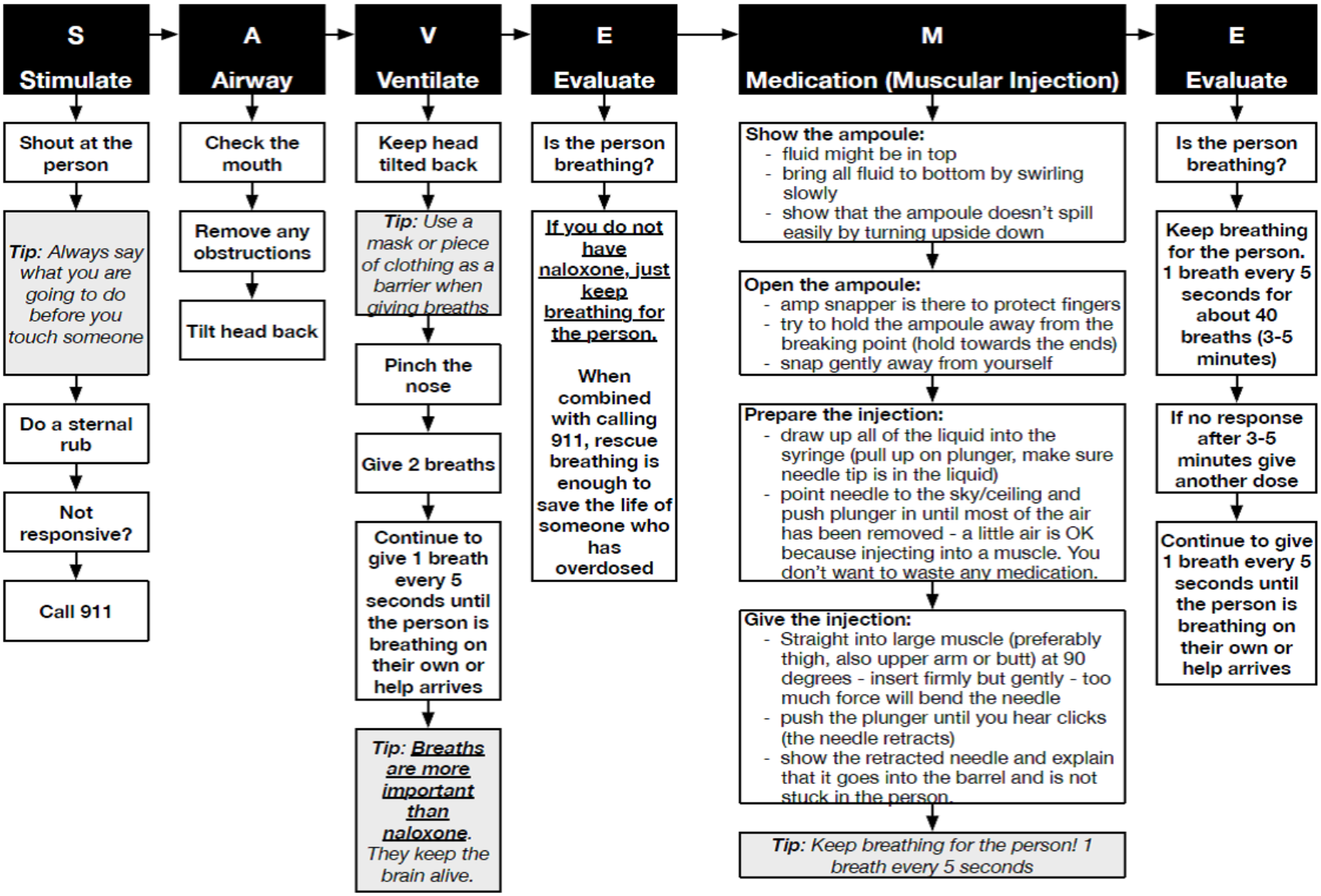


Note: Breaths oxygenate the brain and vital organs and are therefore more important than naloxone alone.

Equipment & Supplies

- Naloxone 0.4mg per 1 mL X 3 ampoules with ampoule snappers for protection
- 3mL 25G 1" syringes with safety needles X 3 (safety needles required by Worksafe BC)
- Alcohol swabs
- Face mask or face shield
- Gloves

Procedure: BCCDC *Take Home Naloxone* Program SAVE ME Steps



Expected Patient/Client/Resident Outcomes

- Increase breathing
- Increase alertness
- Prevent brain damage
- Prevent death

Patient/Client/Resident Education

- Advise them naloxone wears off (20 to 90 minutes) before opioids do. It is important to stay with others who have access to naloxone for at least 2 hours in case of re-overdose.
- If the person experiences withdrawal symptoms from naloxone, these symptoms will subside when naloxone wears off (20 to 90 minutes)
- Advise them not to take more opioids, alcohol or other 'downers' following naloxone administration because they will not feel the effects of those substances and put them at increased risk for re-overdose.
- Provide information on accessing a Take Home Naloxone kit
- Give harm reduction information as needed, e.g.:
    - After a period of abstinence tolerance is reduced and overdose risk increases
        - Consider using less
        - Change route of administration from higher overdose risk (IV) to lower overdose risk (oral/nasal)
- Do not mix drugs and alcohol because they increase the effect of the other. Using more than one type of substance at a time increases overdose risk.
- Use with others if at all possible
    - Leave your door unlocked
    - Tell someone to check on you
- Do 'testers' to check the strength of the drugs you are using
    - Try a small portion first
    - Use less
    - Pace yourself
- Ask if they would consider incorporating family or friends into safety plan and educating those identified about overdose prevention, identifying and responding to overdose

Documentation

- If medications are within your scope of practice, document on medication administration record and in case note / encounter note.
- Otherwise, document all details including medication administration in a case note / encounter note.
- If you do not have access to an electronic medical record, document on paper.

Related Documents

- VCH-N-0030: Management of Suspected Opioid Overdose (Adults & Youth) (for Nurses, NPs & VC Primary Care Physicians)
- VCH-N-0032: Dispensing Naloxone Kits to Client at Risk of Opioid Overdose (Adults & Youth)
- BCCDC: Decision Support Tool for the use of naloxone HCL (Narcan) in the management of suspected opioid overdose in outreach and harm reduction settings
- Toward the Heart Training Manual: Overdose Prevention, Recognition and Response (under Participant Training)

References

1. British Columbia Centre for Disease Control (2016). Decision Support Tool (DST) for the use of naloxone HCL (Narcan) in the management of suspected opioid overdose in outreach and harm reduction settings. Accessed December 1st, 2016 at: http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/NaloxoneDSTUseforRN.pdf

2. Perry, A.G., Potter, P.A., Ostendorf, W.R. (2014). Clinical nursing skills & techniques [8th ed.]. St. Louis: Mosby. Accessed Dec. 2nd, 2016 at: http://lms.elsevierperformancemanager.com/ContentArea/NursingSkills/GetNursingSkillsDetails?skillid=GN_21_5&skillkeyid=376&searchTerm=intramuscular%20injection&searchContext=nursingskills

3. Province of British Columbia Ministry of Health. Health Professions Act: Health Professions General Regulation (2017). Accessed March 21,2017 at: http://www.bclaws.ca/civix/document/id/lc/statreg/275_2008

4. Sanders, M.J. (2012). Mosby's paramedic textbook [4th ed.]. St. Louis: Mosby JEMS. Accessed Dec. 2nd, 2016 at: http://lms.elsevierperformancemanager.com/ContentArea/NursingSkills/GetNursingSkillsDetails?skillid=EN_003&skillkeyid=156&searchTerm=airway&searchContext=nursingskills

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April 6, 2017 *(removed LPNs, added RT additional oral/nasal airway skills, clarified Allied Health providers, practice level by settings as per Ministerial Order and Health Professions Act updates)*