

What is an Overdose:

- Take too much opioid of any kind - more than your body can tolerate at that point in time
- Brain Shuts Down
 - Respiratory Drive shuts down
 - Lips/skin blue tinge
 - Death Rattle - agonal breathing
 - Pinpoint pupils

Who Will Overdose:

- Anybody
- Transcends Age, race, socio-economic
- Opioids include (but not limited to) - Oxycontin, Percocet, Vicoden, Tyloz, Demerol
- Also Heroin, opium
- All overdose in the same fashion

Can not do harm by giving Naloxone

- Blocks opioid receptors only
- Harmless to any other condition

Recognize an Overdose

Signs and Symptoms:

- Cannot talk, cannot move = Non-Responsive
- Most important clue-pinpoint pupils after opening the eyelid - DOES NOT react to light
- Slow, shallow breathing or Absence
- Blue lips & skin (nailbeds are blue)

Respond to Overdose:

- Call 911 - absolute must
- Prepare and administer Naloxone

Patient Response:

- Begins to breathe on their own
- Alert and able to talk
- Place patient in recovery position
- Stay with them & monitor

Administer Naloxone Injection:

Intra Muscular

- Kit contains 2 vials of Naloxone and 2 syringes
- Each vial contains 1 full dose
 - Flip off cap on vial
 - Pull cap off needle
 - Precautions to not get stuck
 - Set vial down
 - Insert needle
 - Flip over and draw out
 - Don't worry about air bubbles, I.M injection does not matter
 - Inject into large muscle (Arm, Thigh, Buttocks)
 - Large, sharp needle will go through clothing
 - No need to jab needle, will easily insert into skin
 - Slide used needle back into empty vial and put in Sharps container
 - Assign someone to be responsible for Sharps
- Should see results within 3 minutes. If not, repeat with second dose

Brighton Patrol Considerations

We will operate under the Good Samaritan Act

- Once we start the process, we **MUST** follow through - legal obligation
- 911 must be called
- Crest Top will call and notify VECC that we are administering Naloxone
- We must transfer care to higher level