learn more at **Opioid Overdose** ekcenter.org FIVE ESSENTIAL STEPS

The Kennedy Center is a community distributor of Narcan[®] for free. Pickup at **306 Airport Dr, Moncks Corner, SC 29461** every **Mon - Thurs** from **9am to 6pm**.

Check for Signs of an Opioid Overdose

- The body is limp.
- Fingernails or lips have a blue or purple tint.
- The person is making gurgling or rattling breathing noises.
- Face is extremely pale and/or clammy to the touch. The person cannot be awakened from sleep or cannot speak.
 - Breathing is very slow or stopped.
 - The heartbeat is very slow or stopped.
 - Pupils are pinpointed.

Support the Person's Breathing

- 1. Check for cleared airway (check that nothing is inside the person's mouth).
- 2. Place one hand on the person's chin, tilt the head back and pinch the nose closed.
- 3. Place your mouth over the person's mouth to make a seal and give 2 slow breaths.
- 4. The person's chest should rise (but not the stomach).
- 5. Follow up with one breath every 5 seconds

Dial 911 Immediately

It is important that medical expertise can be there for the patient as soon as is possible. If someone else is also on scene with first responder, have them dial 911 while you administer Narcan®

- Say: "Someone is unresponsive and not breathing". Ask them to bring Narcan.
- Give address of location or a description of your location.

Administer Narcan[®](Naloxone)

1. PEEL back the package to remove the device.

- 2. HOLD the Narcan nasal spray with your thumb on the plunger and your index and middle fingers on either side of the nozzle.
- 3. TILT the patient's head back, supporting the neck with your hand.
- 4. PLACE the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.
- 5. PRESS the plunger firmly to release the dose into the patient's nose.

Monitor the Person's Response

- Spontaneous breathing usually begins within 3 to 5 minutes of the naloxone administration. (Rescue breathing should continue while waiting for the naloxone to take effect)
- Naloxone only continues to work for 30 90 minutes and overdose symptoms may return.
- Important that the person gets to the emergency department as soon as possible after they have been revived.



If you see someone who is beginning to overdose, do not be afraid to call 911. The South Carolina Good Samaritan Law protects you - so that neither you, nor the overdose victim, will be charged for possession of substances if you call 911 in the case of overdose.

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Fatal Overdose WHO IS AT RISK2 The Kennedy Center is a community distributor of Na

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Persons exposed to Fentanyl:

- Most powerful opioid routinely used in human medicine: 50-100x more powerful than morphine.
- Before 2013, it was most often used as a recreational diversion from legal manufacturing - but now in last few years - the illicit manufacturing and distribution of fentanyl has become widespread.
- A potentially lethal dose of fentanyl is the size of 2 grains of salt.

Persons who Mix Drugs:

• Most fatal overdoses are a result of poly-drug use such as:

- Alcohol + opiates (e.g., OxyContin, Percocet, Vicodin, etc.).
- Alcohol + benzodiazepines (e.g., Ativan, Valium, Xanax, etc.).
- Cocaine + heroin.
- Alcohol + cocaine.

Persons who Use Alone:

• If an overdose occurs, it greatly increases the chances of the overdose being fatal because there is no one to call 911 and/or administer Naloxone.

Persons in Poor Physical Health:

 Liver damage (hep C), asthma or emphysema (from years of smoking), immune-Deficiency (AIDS), renal failure (delayed clearance of drugs) or malnutrition.

Persons Unsure of Drug Quality/Strength:

- "Street drugs": Purity and strength of the product is highly unpredictable! A "friend" or drug dealer typically does not know the exact amount.
- Prescription pills: If not directly coming from your doctor, it is difficult to determine dosing strength of a real pill. A counterfeit pill always is an unknown strength (and may be laced with fentanyl).

Persons with a Lowered Tolerance:

- Tolerance develops over time (long time user has higher tolerance).
- Breaks in use decreases tolerance rapidly, regardless of if the period of abstinence was intentional (i.e. drug treatment/detox) or unintentional (jail, hospitalization).
- Factors such as weight, illness, compromised immune system and age can also cause tolerance levels to fluctuate.

6 Persons who Change Mode of Administration:

- Trying new drug of choice not used before.
- Migrating from swallowing OxyContin or Percocet to swallowing Oxymorphone (Opana) or from injecting heroin to injecting Dilaudid.

Persons with History of Previous Non-Fatal Overdose:

• Mainly due to pattern of use that puts a person at risk for a future overdose.



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