

## Overdose Risk Factors & Prevention

Opioids include both heroin as well as prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone (Oxycontin, Percodan, Percocet), hydrocodone (Vicodin, Lortab, Norco), fentanyl (Duragesic, Fentora), hydromorphone (Dilaudid, Exalgo), and buprenorphine (Subutex, Suboxone). The following are some common risk factors for opioid overdose as well as some prevention strategies:

### MIXING DRUGS

Many overdoses occur when people mix heroin or prescription opioids with alcohol and/or benzodiazepines. Alcohol and benzodiazepines (Xanax, Klonopin, Ativan and Valium) are particularly dangerous because, like opioids, these substances impact an individual's ability to breathe. Avoid mixing opioids with other drugs or alcohol. If prescribed an opioid and a benzodiazepine by a prescriber, take only as directed.

### TOLERANCE

Tolerance is your body's ability to process a drug. Tolerance changes over time so that you may need more of a drug to feel its effects. Tolerance can decrease rapidly when someone has taken a break from using an opioid. When someone loses tolerance and then takes an opioid again, they are at risk for an overdose, even if they take an amount that caused them no problem in the past. If you are using opioids after a period of abstinence, start at a lower dose.

### PHYSICAL HEALTH

Your physical health impacts your body's ability to manage opioids. Since opioids can impair your ability to breathe, if you have asthma or other breathing problems you are at higher risk for an overdose. Individuals with liver (hepatitis), kidney problems and those who are HIV positive are also at an increased risk of an overdose.

### PREVIOUS OVERDOSE

A person who has experienced a nonfatal overdose in the past has an increased risk of a fatal overdose in the future. To prevent a fatal overdose, teach your family and friends how to recognize and respond to an overdose. If you or someone you know needs help, please visit the Substance Abuse and Mental Health Services Association (SAMHSA) at [findtreatment.samhsa.gov](http://findtreatment.samhsa.gov) to find an addiction services provider near you. Or call: 1-800-662-HELP (4357) and 1-800-487-4889 (TTY).

## How do I know if someone is overdosing?

If someone takes more opioids than their body can handle, they can pass out, stop breathing and die. An opioid overdose can take minutes or even hours to occur.

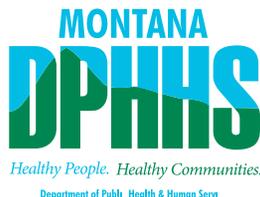
### SYMPTOMS

- Slow breathing or no breathing (less than 1 breath every 5 seconds)
- Vomiting
- Face is pale and clammy
- Blue lips, fingernails or toenails
- Slow, erratic, or no pulse
- Snoring or gurgling noises while asleep or nodding out
- No response when you yell the person's name or rub the middle of their chest with your knuckles

**An overdose is a  
MEDICAL EMERGENCY!  
Call 9-1-1 immediately**

For patient education, videos and additional materials, please visit [dphhs.mt.gov/publichealth/emsts/prevention/opioids](http://dphhs.mt.gov/publichealth/emsts/prevention/opioids)

DPHHS – EMS and Trauma Systems Section - Injury Prevention Program is committed to providing reasonable accommodations to individuals with disabilities upon request. Call 1-844-MTHLTH4U (1-844-684-5848) to request an alternate, accessible format of this document.



# OPIOIDS

## Overdose Recognition and Response Guide



## A GUIDE FOR PATIENTS AND CAREGIVERS

Chronic Disease Prevention & Health Promotion Bureau  
EMS & Trauma Systems Section - Injury Prevention Program  
PO Box 202951, Helena, MT 59620

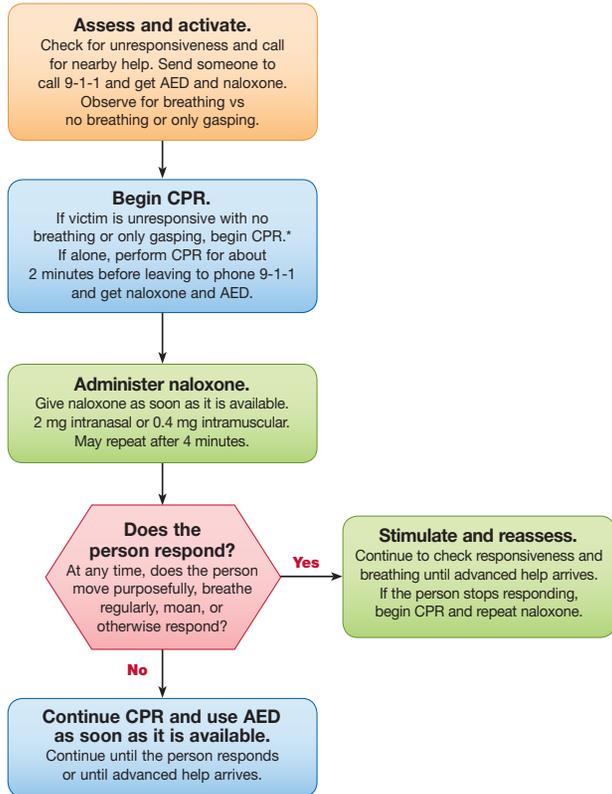
# What is naloxone?

Naloxone (Narcan®) is a prescription medication that can reverse an overdose that is caused by an opioid drug. When administered during an overdose, naloxone blocks the effects of opioids on the brain and restores breathing. It can be given as an injection into a muscle or as a nasal spray.

Naloxone has no potential for abuse. If it is given to a person who is not experiencing an opioid overdose, it is harmless. If naloxone is administered to a person who is experiencing an opioid overdose, it will produce withdrawal symptoms. Naloxone does not reverse overdoses that are caused by non opioid drugs.

Naloxone should be stored at room temperature and away from light. The shelf life of naloxone is approximately two years.

## Opioid-Associated Life-Threatening Emergency (Adult) Algorithm



\*CPR technique based on rescuer's level of training.

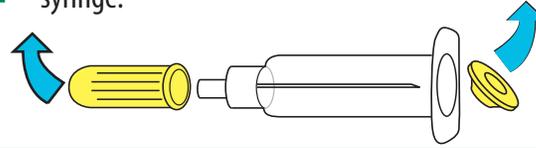
© 2015 American Heart Association

# How to give naloxone:

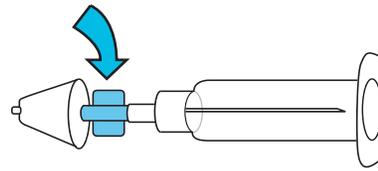
There are four ways to give naloxone. Follow the instructions for the type you have.

## Nasal spray (assembly required)

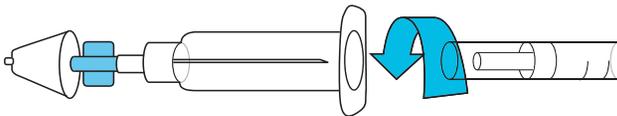
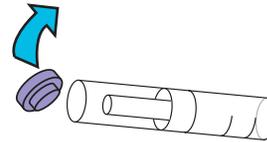
- 1 Remove the two colored caps from the delivery syringe.



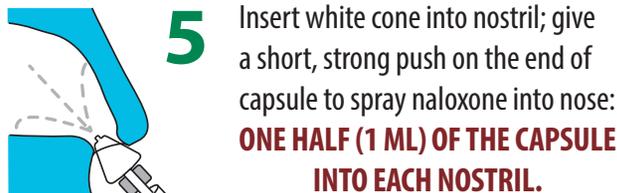
- 2 Screw the white atomizer cone onto the top of the delivery syringe.



- 3 Remove the cap off the capsule of naloxone.



- 4 Gently screw the capsule of naloxone into the barrel of syringe.



- 5 Insert white cone into nostril; give a short, strong push on the end of capsule to spray naloxone into nose: **ONE HALF (1 ML) OF THE CAPSULE INTO EACH NOSTRIL.**

- 6 If no reaction in 3 minutes, give a second dose.

## Injectable naloxone

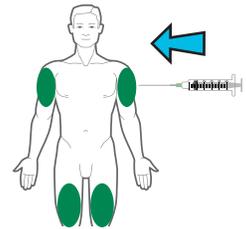
- 1 Remove cap from naloxone vial and uncover the needle.



- 2 Insert needle through rubber plug with vial upside down. Pull back on plunger and draw up 1 ml of naloxone.



- 3 Insert the needle into the muscle of the upper arm or thigh, through clothing if needed, and push on the plunger to inject the naloxone.



- 4 Repeat the injection if there is no response after three minutes.

## Auto-injector (EVZIO™)

1. Pull auto-injector from outer case.
2. Pull off red safety guard.
3. Place the black end of the auto-injector against the outer thigh, through clothing if needed, press firmly and hold in place for 5 seconds.
4. Repeat if there is no response after 3 minutes.

## Nasal spray (ready-to-use)

1. Peel back the package to remove the device.
2. Place the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.
3. Press the plunger firmly to release the dose into the patient's nose.
4. Repeat if there is no response after 3 minutes, give in the other nostril.