How to Prevent an Opioid Overdose

MEDICAL CARE PROVIDERS: Providers can help reduce the likelihood of an opioid overdose by identifying patients who are at increased risk of opioid-induced respiratory depression prior to initiating or renewing a prescription for an opioid(s) to treat pain or substance abuse. This can be done through patient history review, brief interventions or referral for specialized pain management or substance abuse treatment (e.g., SBIRT and the CSRS). Prior to prescribing an opioid, determine if a patient has any of the following risk factors. Then establish a treatment plan to minimize the risk of opioid-induced respiratory depression by balancing the risks and the benefits of prescribing opioid-based interventions vs. only recommending alternative methods that are not supported by narcotic analgesics to treat chronic pain or substance abuse.

RISK FACTORS for opioid-induced respiratory depression

1. Recent emergency medical care for opioid poisoning/intoxication/overdose
2. Suspected history of heroin or nonmedical opioid use (e.g., DAST-10)
3. High dose opioid prescription (e.g., >100 mg. morphine equivalence/day)
4. Any methadone prescription to opioid naïve patient
5. Recent release from incarceration/prison/jail
6. Recent discharge from opioid detox or abstinence-based program
7. In methadone or buprenorphine detox/maintenance for addiction or pain
8. Request from patient or family member
9. May have difficulty accessing EMS (distance, remoteness, etc.)

Any opioid prescription AND …

10. Respiratory diagnoses: Smoking/COPD/emphysema/asthma/sleep apnea/ other.
11. Renal dysfunction or hepatic disease.
12. Known or suspected concurrent alcohol use (e.g., AUDIT).
13. Concurrent benzodiazepine prescription or nonmedical use (e.g., CSRS).
14. Concurrent SSRI or TCA anti-depressant prescription (e.g., CSRS).

In August 2008, the N.C. Medical Board determined that “the goals of Project Lazarus are consistent with the Board’s statutory mission to protect the people of North Carolina. The Board therefore encourages its licensees to abide by the protocols employed by Project Lazarus and to cooperate with the program’s efforts to make naloxone available to persons at risk of suffering drug overdose.”

PATIENTS, FAMILY AND PEERS: Patients and their families need to be reminded that all medications, especially prescription pain relievers, need to be taken only as directed. Opioids that are not taken as prescribed can cause death.
• If pain is not controlled, patients should call and make a return appointment with their medical care provider.
• All patients who use prescription pain medication need to make an overdose plan.
• Patients need to find a person they trust to be their Rescue Peer. They need to teach that person the signs and symptoms of an opioid overdose, what to do for an overdose, what not to do, and where they keep their naloxone, if they have it.
• In addition, there are four simple rules for all patients who are being treated with pain medication to follow:

(1) TAKE CORRECTLY
(2) STORE SECURELY
(3) DISPOSE PROPERLY
(4) NEVER SHARE
How to Recognize and Reverse an Opioid Overdose

All patients who are using opioids need to make an overdose plan. Part of the plan is to teach their families and peers how to recognize the signs and symptoms of an opioid overdose and what to do to reverse the overdose.

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<th>Steps</th>
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<td>1. Check for signs of an overdose.</td>
<td>Awake but cannot speak; slow or shallow breathing; abnormal snoring or gurgling; slow heartbeat or pulse; sweating or flushing of the skin; blue skin, lips or finger/toe nails; not responding to being shaken or called; eyes rolled back.</td>
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<td>2. Call out the person’s name</td>
<td>Speak in a loud voice.</td>
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<td>3. Rub the sternum or upper lip.</td>
<td>Using your knuckles, rub hard up and down the middle of the person's chest (the sternum) or across the top lip. If the person wakes up, keep the person awake and stay with him or her for at least 2 hours. If in doubt, CALL 911.</td>
<td><img src="image1.png" alt="Illustration" /></td>
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<td>4. Check breathing</td>
<td>Watch the person's chest to see if it is moving up and down; place your ear next to the mouth to see if you can hear or feel a breath. If there are no breath sounds, or you don't think the person is breathing, CALL 911.</td>
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<td>5. Call 911.</td>
<td>Tell the operator that the person is not breathing and won’t wake up. Give the person's exact location -- the full address and the room. You do NOT have to say that you think the person is overdosing. Tell the operator you are going to begin rescue breathing and cannot stay on the phone, but you will keep the phone on and near you.</td>
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6. Clear the mouth
Check the person’s mouth and remove any objects, like food or chewing gum or tobacco.

7. Perform rescue breathing
Put the person on his or her back. Tilt head back and chin up. Pinch nose shut with your fingers. Place your mouth over the person’s mouth, making a tight seal with your lips. Gently exhale into the person’s mouth two times in a row. Then breathe every 5 seconds, and repeat at least 5 times. Check to see if person is breathing. Continue to do rescue breathing until the person starts breathing or until help comes. Don’t waste time doing anything else. A person who can’t breathe needs oxygen to live. Don’t give up. Keep breathing until help comes. **RESCUE BREATHING IS THE MOST IMPORTANT THING YOU CAN DO!**

8. Administer Naloxone, if available.
Assemble the syringe, naloxone and nasal adaptor: insert white cone into nostril; give a short vigorous push to spray naloxone into the nose: one half of capsule into each nostril.

9. Put person in recovery position
Once person starts breathing, or if you have to leave, place person in the recovery position so the person cannot roll over onto the back or stomach. This will help prevent the person from getting vomit in the lungs. Place person on the floor on the left side. Rest the head on the left arm and pull the left leg straight. Place the right so it rests on the floor. Bend the right leg up so that the knee and the foot are on the floor.

10. Stay with person until help comes
If the person wakes up, keep the person awake and have someone stay for at least 2 hours. Tell the person he or she overdosed, but will feel better in a little while. Talk the person out of taking more drugs. Keep the person awake and talking. Encourage the person to go to the emergency room now and to consider getting help for substance abuse soon, if appropriate.
How to Make an Overdose Plan

1. Start a conversation about needing a rescue peer
   - Mistakes can happen when using pain medication.
     - I need someone to help me stay safe and out of pain.
     - This person can be a family member or friend.
     - We call this person a rescue peer.
   - Too many pain pills or mixing with other drugs or alcohol can make me stop breathing.
   - I am now a member of CCNC. They have given me a naloxone rescue kit.
   - The kit has a DVD that describes what an overdose looks like and what to do.
   - The kit also has the medicine, Naloxone, you will use to start me breathing again.
   - The kit location is written on the Project Lazarus magnet that’s on the ‘fridge door.

2. Who is your rescue peer? _________________________________

3. What your rescue peer needs to do.
   - Watch the Project Lazarus DVD.
     -- Learn signs and symptoms of an overdose and how to rescue.
   - Review naloxone rescue kit contents.
   - Know location of rescue kit.
   - Call Project Lazarus (336-667-8100) for questions about responding to an overdose.

4. If your prescription is not working, call your doctor.
   - Don’t self medicate.

5. What to do if you are taking pain pills not prescribed for you or not following your doctor’s advice.
   - Don’t mix your pills with other drugs or alcohol.
   - Call your peer and ask this person to check on you hourly.
   - Make sure someone can get to you if needed.

6. What your peer should NOT do in case of an overdose.
   - Put me in a bathtub for a cold shower. I could drown.
   - Give me stimulants, like coffee. They don’t work.
   - Put ice on my body to wake me up. It wastes time and doesn’t work.

IF A RESCUE IS NEEDED, BE SURE TO CALL 911.

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