

Overdose Prevention and Rescue Breathing in 20 minutes or less

A. What causes an overdose (OD)

- **Toxic amount:** too much of the substance; reduce amount and do tester shot
- **Mixing:** effects are amplified; reduce amounts, inject first if mixing with alcohol
- **Tolerance:** lowers during periods of non-use (i.e.: detox/jail/no money); reduce and do tester shot
- **Quality:** varies in strength and purity; try to use known source and do tester shot
- **Using Alone:** if something goes wrong – nobody to help; fix w/friend, unlocked door, and call someone trusted

B. How to recognize an OD

- **Over-amp:** Stimulants (cocaine/speed) make the body speed up
- **Overdose:** Heroin and other downers (alcohol/benzos) make the body slow
 - **Signs of OD:** Unresponsive, unconscious, breathing slow/shallow (<12 breaths/min); pale, clammy, loss of color, blue/gray (esp. lips/nails); loud/uneven snoring/gurgling; not breathing; faint/no pulse
 - **High vs OD:** “the line”= **UNRESPONSIVE**

C. What to do if OD occurs

- **Stimulation:** Call name, sternum rub
- **Call 911 - Good Samaritan 911 Law:** protects against citation or arrest, except if another law is being broken
 - Quiet the scene (or go to a quiet area), be calm and speak clearly, and do not argue
 - Give exact address/location, person not breathing or turning blue
 - There is no need to say: it is an overdose, give a name, or if drugs were involved
 - Tell the paramedics everything known about the situation when they arrive
- **Use Naloxone**
- **Perform Rescue Breathing = If they do not start breathing in 3 minutes, use a second dose of naloxone**

D. Naloxone Administration

(using device with separate atomizer)

1. Remove the colored caps on medicine vial and syringe barrel
2. Insert vial into barrel & gently turn until it stops
3. Twist nasal atomizer onto tip of barrel. It is ready to use[‡]
4. Place assembled naloxone atomizer into one nostril
5. Press firmly on base of vial, spraying half into nostril
6. Repeat in other nostril



[‡]If an atomizer is not available (lost, missing, etc...), slowly drip the naloxone under the tongue

(using “all-in-one” intranasal device)

1. Remove device from blister pack
2. Place nozzle end into nostril
3. Press firmly on base of device, spraying medication into nostril



**Stay with the person as naloxone loses effect 30-90 minutes after administration.*

E. Rescue Breathing

• Stimulation and Airway

1. Check responsiveness. Ask, “Are you okay?”, shake foot, use sternum rub
2. Are they breathing? Look, listen and feel
3. If no response, call 911
4. Check for clear airway. If blocked, roll on side and use finger sweep to clear



• Rescue Breathing

1. Roll onto back, tilt head back and pinch nose
2. Give 2 regular breaths
3. Look, listen and feel
4. If still not breathing give 1 breath every 5 seconds
5. Continue until person revives or help arrives
6. Once they start breathing, put them in the recovery position



**Remember to keep breathing for them. Brain damage starts occurring 4 minutes after loss of oxygen.*

• Recovery Position



F. OD Myths – These do not work:

- Slap or punch: may bruise or break nose/jaw
- Put in cold water or use ice: makes the body cold, slow even more, and can lead to hypothermia
- Use a lamp cord like a home-made defibrillator: can cause electric burns, irregular heart beat, or death
- Inject with milk/saline/other substances: can cause the body to go into shock

***How to demonstrate assembling the Naloxone if a training device is not available

- Dispense Naloxone to participant
- Have participant attach atomizer themselves
- Show participant how the vial is assembled but do not actually remove the plastic caps or twist the vial into the barrel as this will cause the Naloxone to spoil before use