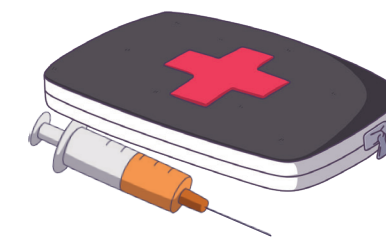


Clinician's Guide to Naloxone Training



(Injectable)

Patient Information

Tip: Fill this out ahead of time when you get an opioid prescription for a patient.

Patient's name: _____ Health card number: _____
Address: _____ Phone number: _____
Kit lot number and expiry date: _____ Date of birth: _____ Gender: M / F / Nonbinary / Other

> Health information/card is not mandatory for a naloxone kit if patient wants to keep identity private.

Assess Eligibility

Eligibility for a free naloxone kit:

- Current or past opioid use, and at risk of OIRD* or “troubled breathing”; OR
- In a position to help someone who may experience OIRD* or “troubled breathing”

- ☐ Current opioid use (Rx, OAT[†], nonRx)
- ☐ Past opioid use
- ☐ Family member/friend
- ☐ Good samaritan

Offer Naloxone

Tip: Offer naloxone to **EVERYONE** with an opioid prescription, or their family member/caregiver.

Patient accepted naloxone kit? ☐ Yes → Validate the positive step the patient is taking in acquiring this lifesaving medication.
☐ No → Say that's ok. You can still discuss adverse effects of opioids, like respiratory depression, and let them know that naloxone kits are always available.

Tip: Try a conversation starter: “Have you heard about naloxone? I offer it to everyone with an opioid prescription.”

Remember, your words matter. Use words like: person who uses drugs, troubled breathing, or substance use.
Avoid words like: addict, overdose, and drug abuse.

Naloxone History

Is this a new kit or a replacement naloxone kit?

- ☐ First kit ☐ Replacement kit
- ↳ Did the previous naloxone kit expire?
☐ Yes ☐ No
- ↳ Was the previous kit used?
☐ Yes ☐ No
- ↳ If yes, acknowledge it can be a stressful situation, and that resources such as counselling services are available if they would like more information.

Allergies

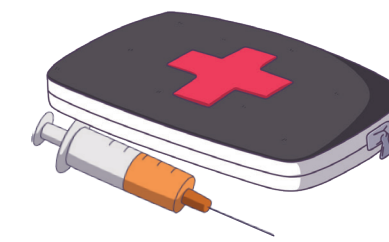
Is the patient who is requesting/being offered naloxone allergic to any of its ingredients?

☐ Yes ☐ No ☐ Unknown

*OIRD: Opioid-induced respiratory depression

†OAT: Opioid Agonist Therapy

Clinician's Guide to Naloxone Training



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Symptoms of respiratory depression

- *Pinpoint pupils*
- *Blue lips, nails, or skin*
- *Cold, clammy skin*
- *Limp body*
- *Unresponsive to shouting*
- *Soft or no breathing*
- Can “shout and shake.” If they don’t respond, rub knuckles on centre of person’s chest, below their neck (i.e. sternal rub).

CALL 911 FIRST

- Naloxone only buys time for help to arrive, that’s why it’s important to call 911 first.
- Put the person in the recovery position if you have to leave them alone or if they’re unconscious and breathing to make sure they don’t choke if they vomit.

Give 1st dose of naloxone



- Tap the ampoule or swish it around to make sure there is no drug stuck in the top of the ampoule.
- Snap top off ampoule, using a plastic opening device, and draw up all naloxone into a syringe.
- Inject into thigh muscle at 90 degrees. Do not try to remove clothing. Naloxone can be given through pants.
- Push the plunger down completely. The needle will snap back into the syringe.

Give chest compressions and/or rescue breaths

- Prioritize chest compressions: push hard and fast on the centre of the chest.
- Rescue breaths can be provided if trained in CPR.
- Personal protective equipment (i.e. gloves and breathing barrier) are provided in the naloxone kit and should be worn if giving rescue breaths.

Give 2nd dose if needed



- Continue compressions until person responds (i.e. breathing again, or wake up).
- After 2 or 3 minutes, if the person is still unresponsive, give a 2nd dose of naloxone.
- Continue compressions until the person is breathing on their own or help arrives.
- Put the person in a recovery position if breathing on their own.
- Naloxone wears off in 20 to 90 minutes. Opioids can last longer than this, so symptoms may return and a 2nd dose may need to be given, if help has not yet arrived.

Aftercare

- Person may not remember the event, so explain what happened.
- Discourage them from consuming more opioids as OIRD or troubled breathing can return.
- Person must be monitored for several hours by healthcare providers, even if the naloxone worked.

Withdrawal

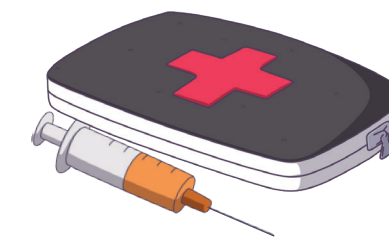
- Likely uncomfortable but short-lived and not life-threatening.
- Person may be angry or irritable, this is normal after waking up from OIRD.* Remain calm and make the environment more comfortable (reduce bright lights, excess noise, additional bystanders).
- Nausea/vomiting, diarrhea, muscle aches, and sweating may occur.

Refill

- Remind person to go to their nearest pharmacy to get another free naloxone kit once they have used it, or if their naloxone kit expired (a naloxone kit expires after 2 years).

*OIRD: Opioid-induced respiratory depression

Clinician's Guide to Naloxone Training



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Self Care

- Tell the naloxone kit recipient that administering naloxone can be stressful and that is normal.
- Remind them that if they happen to use the kit on another person, they can come to you for resources and referral to counselling services.

Other reminders

- Naloxone only works on reversing the effects of opioids; it does not affect other substances such as alcohol, stimulants, or benzodiazepines.
- Many opioid overdoses have been linked to contaminated cocaine or other street drugs. When in doubt, administer naloxone. No effect (good or bad) will occur if you give naloxone to someone who has not taken an opioid.

OIRD* Prevention

Advise clients of the following prevention tips:

- Tolerance to opioids is quickly lost. If you have not consumed them for a few days, use a smaller dose first.
- Avoid consuming alone. Consume somewhere where you could be quickly found if you experience OIRD* or “troubled breathing”.
- Use a test dose of the drug before taking a full dose, especially when using a new supply and/or dealer.
- Connect with local substance use treatment clinics.
- Access local safe consumption/supplies sites.
- Avoid mixing drugs (especially mixing alcohol or benzodiazepines with fentanyl/heroin and/or other opioids, such as methadone).

Clinician's name, designation, and signature: _____

Date: _____