camh

Pharmacist's checklist for naloxone training

Kit recipient's name: _____ Kit recipient's health card number: _____

Kit's recipient's address: _____ Kit recipient's phone number: _____

Naloxone lot number and expiry date: _____ Kit recipient's date of birth: _____ Kit recipient's sex: M/F

ASSESS ELIGIBILITY

Eligibility for a FREE naloxone kit	• Current or past opioid use, and at risk of overdose • In a position to help someone who may overdose on opioids *People without OHIP cards, or who want an intranasal naloxone kit, can be directed to public health agencies or needle exchange centres.*	☐ Current opioid use ☐ Past opioid use ☐ Family member/friend ☐ Good samaritan
Allergies	• Is the person who is to receive the naloxone allergic to it or any of the other ingredients in it (e.g., methylparaben)?* **The sole contraindication to naloxone is known hypersensitivity to it or its excipients. However, this is usually not known and should not be a barrier to accessing naloxone.*	☐ Yes, previous reaction to naloxone ☐ No previous reaction to naloxone ☐ Unknown

		DISCUSSED? YES	NO	N/A
ESTABLISH THERAPEUTIC RELATIONSHIP AND CURRENT KNOWLEDGE BASE				
Who, what and why?	• Why are you interested in receiving naloxone? • What do you already know about naloxone? • Validate the positive step the kit recipient is taking in acquiring a lifesaving medication.			
RECOGNIZING SIGNS OF RESPIRATORY DEPRESSION				
	• You can't wake the person up. • Breathing is slow or erratic, or has stopped. • Deep snoring or gurgling sounds. • Fingernails or lips are blue or purple. • Body is very limp. • Pupils are very small.			
RESPONDING TO RESPIRATORY DEPRESSION				
Unresponsive? "Shake and shout"	• Stimulate with noise (shout, use their name, shake their shoulders). • If they don't respond, rub knuckles on centre of person's chest, below their neck.			
Call 911 NOW!	• Call 911 right away because naloxone only lasts a short time. Canadian law protects you from possession charges when you report an overdose. • Put person in 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 address and, if possible, send someone to meet paramedics at the door.			
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 the naloxone. • Inject into large muscle (thigh or upper arm). • Inject at 90 degrees. Push the plunger down completely. The needle will snap back into the syringe.			
Give chest compressions	• Push hard and fast on the centre of the chest. *Not harmful if the heart is pumping; can stimulate the patient.* *Rescue breaths are optional; can be provided if kit recipient is trained through another program (e.g., CPR), but should be balanced against the risk of unintentional exposure to opioids.*			
Evaluate and give 2nd dose if needed	• Continue compressions until person responds (is breathing again on their own). • After 3 minutes, if person is still unresponsive, give 2nd dose of naloxone. • Continue compressions until person is breathing on their own or paramedics arrive. Put person in the recovery position once they are breathing on their own.			
Aftercare	• Naloxone wears off in 20–90 minutes. • Person will not remember overdosing (explain what happened). • Do not allow them to take more opioids, as they could overdose again. • Person must be monitored for several hours by health care providers, even if naloxone has worked.			
Withdrawal	• Likely uncomfortable but short-lived and non–life threatening • Nausea/vomiting, diarrhea, muscle aches, sweating			
Refill	• Go to your nearest pharmacy to obtain more naloxone for free.			
Caveats to naloxone effectiveness	• Naloxone only works on reversing side-effects caused by opioids; it does **not** affect other substances such as alcohol or stimulants.* • Opioids include OxyContin/OxyNEO, fentanyl, heroin, Percocet, Dilaudid, morphine, codeine, methadone, Suboxone. **Many opioid overdoses have been linked to contaminated cocaine and other street drugs. If the user's experience looks more like an opioid overdose, give naloxone. No effect (good or bad) will occur if you give naloxone to someone who is not on opioids.*			

HARM REDUCTION PRINCIPLES

- Use with a sober buddy.
- Learn CPR.
- Use a test dose of the drug before taking a full dose.
- Does the drug smell, look and/or taste as it should?
- Avoid mixing drugs (especially mixing alcohol or benzodiazepines with heroin and/or other opioids, such as methadone).

OTHER RESOURCES

For emergency situations:	• Call 911
For harm reduction supplies and/or addictions treatment:	• Access CAMH (Mon–Fri, 8:30 a.m. – 5:30 p.m.): Call **416 535-8501** and select **option 2** (no referral is needed to access addictions treatment) • The Works (Toronto Public Health) (Mon–Fri, 10:00 a.m. – 5:00 p.m.): Call **416 392-0520** or drop in at 277 Victoria Street (Yonge and Dundas)

Pharmacist's name and signature: _____

Date: _____

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