

A Patient-Centered Guide to Managing an Opioid Overdose

<p>STEP 1 Assessment</p>	<ul style="list-style-type: none"> • Look for the classic triad of an opioid overdose: <ul style="list-style-type: none"> • Slow breathing • Not awakening • Very small pupils • If the person becomes unresponsive, vigorously rub your knuckles into the sternum (the breastbone in the middle of the chest) or pinch the ear lobes to “wake up” the person.
<p>STEP 2 Call 911</p>	<ul style="list-style-type: none"> • Opioid overdoses need immediate medical attention. • Regardless of whether the person arouses, 911 should be called right away.
<p>STEP 3 Administer Naloxone</p>	<ul style="list-style-type: none"> • If the person doesn’t respond within 2 to 3 minutes after giving naloxone, give a second dose of naloxone. Some people will require additional doses while waiting for emergency services to arrive.
<p>STEP 4 Support Breathing</p>	<ul style="list-style-type: none"> • If the person doesn’t have a pulse and isn’t breathing, CPR will be needed. • If the person has a pulse but isn’t breathing, perform rescue breathing by giving 1 breath every 5 seconds.
<p>STEP 5 Monitor Response</p>	<ul style="list-style-type: none"> • Because naloxone has a short duration, overdose symptoms may return. It is critical the person be transferred to the emergency department ASAP, even if there is a full revival after receiving naloxone. • It’s also important to encourage the person overdosing not to use more opioids, even though the withdrawal introduced by the naloxone may be uncomfortable.

From the Clinical Update:
“Harm Reduction Strategies—A Primer”
The Carlat Addiction Treatment Report, Volume 8, Number 1, January/February 2020
www.carlataddictiontreatment.com