



# Naloxone (Narcan)



SAN MATEO COUNTY  
COMMUNITY  
COLLEGE DISTRICT

# Objectives

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- Identify common causative agents
- Identify pertinent assessment findings before and after administration
- Recognize need for personal safety equipment and scene awareness
- Profile of naloxone including:
  1. Indications
  2. Contraindications
  3. Side/adverse effects
  4. Administration
  5. Dosages
  6. Mechanisms of drug action
  7. Medical asepsis
  8. Disposal of contaminated items and sharps



# Common Causative Agents



## Most commonly used opioids

- Heroin
- Codeine
- Demerol
- Morphine
- Darvocet
- Fentanyl
- Dilaudid
- Methadone
- Opium
- Hydrocodone
- Oxycodone
- Levorphanol
- Vicodin
- OxyContin
- Tylenol 3
- Tylox
- Percocet
- Percodan





# Things to know about Narcan

- ❖ Narcan does **NOT** reverse ODs caused by **non-opioid** drugs, such as cocaine, benzodiazepines (e.g., Xanax, Klonopin and Valium), methamphetamines, or alcohol.
- ❖ Narcan administered to a person dependent on opioids **may produce withdrawal symptoms**.
- ❖ Withdrawal, although uncomfortable, **is not usually life-threatening**



## Things to know about Narcan Continued...

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- ❖ Strongly recommended that anyone receiving Narcan be transported to the hospital by EMS
  - With some long-lasting opioids, Narcan may wear off before the opioids, causing the person to lose consciousness again
- ❖ Highly recommended to use officer judgement to restrain individual







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# Signs & Symptoms that heighten concern

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- Noticeable elation/euphoria.
- Marked sedation/drowsiness.
- Confusion.
- Intermittent nodding off, or loss of consciousness.
- If sufficiently severe, hypertension and pupillary dilation may be present because of CNS hypoxia
- Constipation.

A person is lying on the floor, appearing unconscious. A syringe is visible on the floor near their hand. The background is dark and blurry.

# Signs of Serious Opioid Overdose

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- Breathing slow and shallow (less than 10 breaths per minute which equals 1 breath every 6 seconds) or has stopped
- Blue or grayish lips and fingernails
- Skin may turn gray, blue
- An overall blue or grayish appearance
- Pulse (heartbeat) is slow, erratic, or not present
- Constricted Pupils





# Constricted Pupil

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- Look for pupils  $< 3\text{mm}$
- $1\text{mm}$  = about the width of the side of a dime







# Signs of Opioid Overdose

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- By themselves, most previously listed signs are not reason enough to administer Narcan
- Must be a reason to suspect opioid overdose in conjunction with the signs listed
- Narcan indicated only when opioid OD suspected, AND the victim is unconscious

A close-up photograph of two hands. The left hand is holding a single white, oval-shaped pill. The right hand is holding a syringe with a yellow plunger. The background is dark and out of focus.

# Reasons to Suspect Opioid Overdose

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- When informed by the dispatcher that a given person appears to be suffering an opioid overdose
- Opioid drugs found on scene
- Opioid drug paraphernalia found on scene (needles, syringes, chore boy, a burnt or charred spoon)
- Witnesses state victim was taking some sort of opioid prior to OD
- Known heroin user location



Paraphernalia  
Commonly  
Found on Scene  
of Overdose

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# Considerations Responding to Overdose

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- **Scene safety is your #1 priority**
  - *Stay aware of surroundings* during victim evaluation, setup, and administration of Narcan especially if by yourself
  - You may lose tactical advantage quickly due to most victims being on the ground and in close quarters with awkward access to the victim and difficult egress from the victim etc.
  - You will generally be in a crouched or kneeling position with your hands full if an outside influence engages you, or your victim turns violent during the treatment
  - If alone, request backup prior to administration of Narcan due to potential for violence from victim. OD victims *do not react the same*, the unpredictable nature of the victims requires intense situational awareness at all times