



Narcana Administration

Objectives

- By the end of this course the participants will learn about intranasal naloxone and will be able to:
 - Recognize the signs and symptoms of an overdose
 - Identify how to use intranasal Naloxone
 - Identify the possible responses to intranasal Naloxone
 - Be able to prepare and administer intranasal Naloxone
 - Describe how continued support should be provided to the overdose victim

Signs of an opioid overdose include:

- ❑ Not waking up or responding to your voice or touch
- ❑ Breathing that is very slow, irregular or has stopped
- ❑ The dark center part of the eyes become very small (pinpoint pupils)
- ❑ Fingernails and lips turn blue or purple
- ❑ A slow heartbeat, weak pulse or low blood pressure

When is intranasal Naloxone used?

- ❑ Bystanders should have contacted EMS (Dial 911) or sent for help
- ❑ Use of intranasal Naloxone is for when the person is not responsive.
- ❑ Intranasal Naloxone removes opiate effects and can reduce the duration of low oxygen in the blood, preventing injury or death.
- ❑ Prolonged reduced breathing can result in injury to the brain.
- ❑ While the person is not responsive, lung injury related to having stomach contents get into the lungs can occur and this can also cause death.
- ❑ Reversing the overdose quickly is very helpful.

Opioids & Opiates May Include:

- ❑ Heroin
- ❑ Buprenorphine (Suboxone)
- ❑ Butorphanol (Stadol)
- ❑ Codeine
- ❑ Fentanyl (duragesic patch)
- ❑ Hydrocodone (Vicodin*)
- ❑ Hydromorphone (Dilaudid)
- ❑ Meperidine (Demerol)
- ❑ Morphine
- ❑ Nalbuphine (Nubain)
- ❑ Oxycodone(Percocet* /Percodan+)
- ❑ Oxymorphone
- ❑ Pentazocine (Talwin)
- ❑ Paregoric
- ❑ Propoxyphene (Darvon)

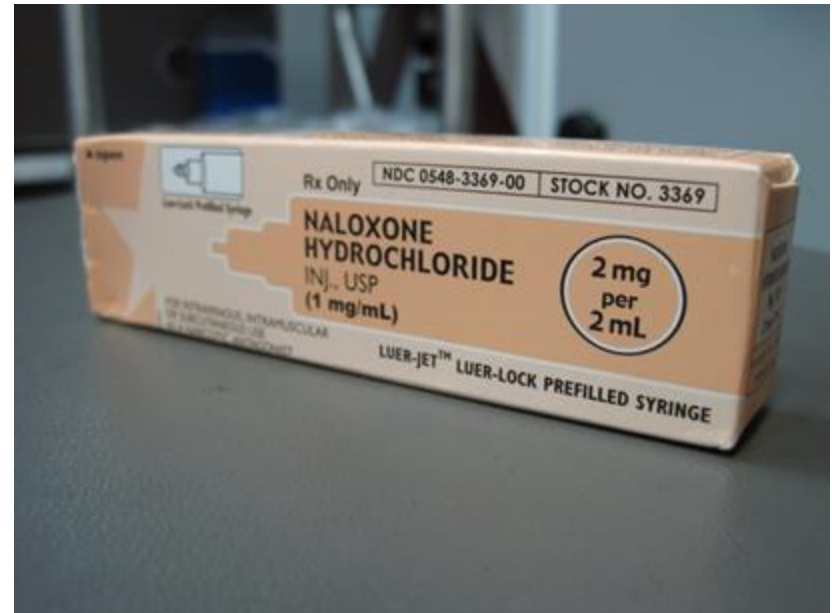
Naloxone is only used for opiate overdose

Remember, the following common street drugs are not opioids/opiates and therefore not addressed by this portion of the protocol: cocaine, LSD, ecstasy(Molly), sedatives/tranquilizers, and marijuana.



Intranasal Naloxone

- Naloxone (Narcan) is an antidote that can reverse overdose of opioids/opiates.
- Naloxone is **NOT** effective against respiratory depression due to non-opioid drugs (or other causes).



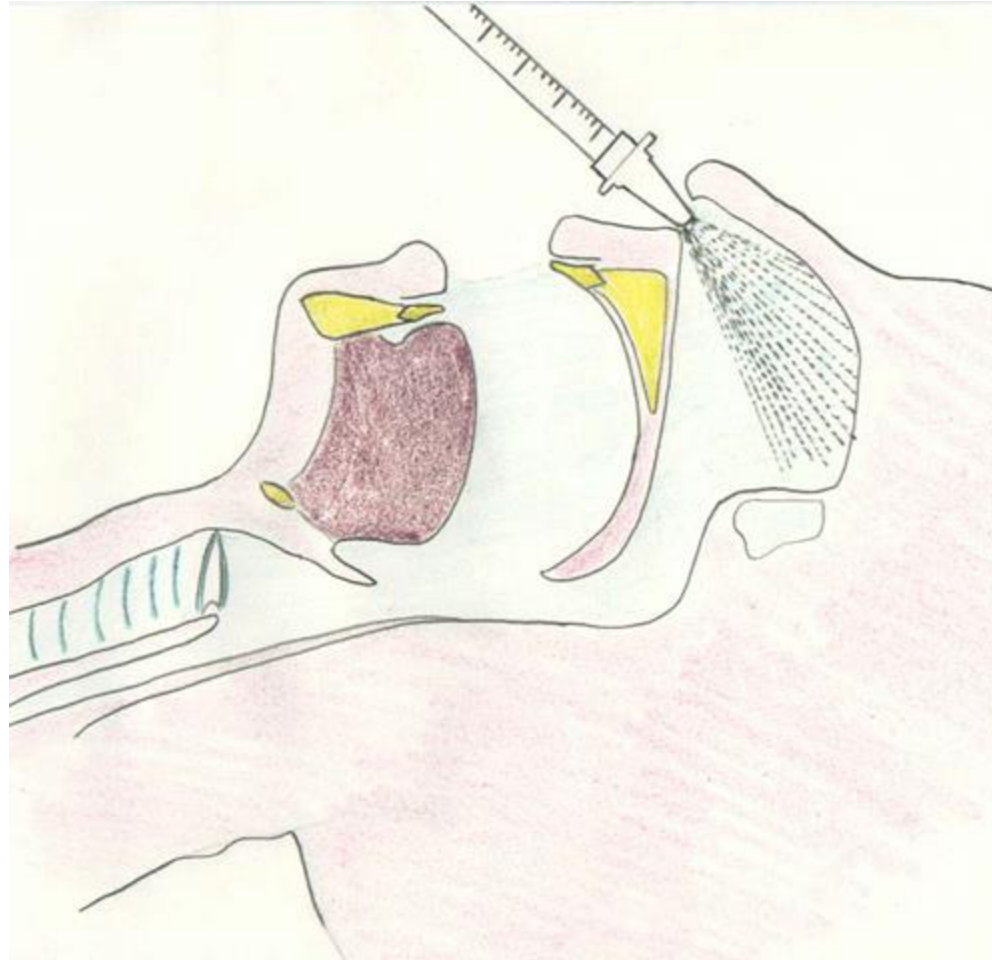
Why Intranasal Naloxone?

- Very low risk of exposure to blood (no needle)
- Can be administered quickly and with little training
- Onset of action is quick
- Very effective when used



Why Intranasal Naloxone?

Works quickly since the nose has a large area for absorbing drugs directly into the blood stream.



What does Opioid/Opiate overdose look like?

- The person is:
 - Not responsive when shaken
 - Possibly not breathing well, or not breathing at all
 - Possibly breathing less than 6 breaths per minute
 - Possibly having a bluish color of the skin, nails or lips
 - Small pupils

When to use intranasal Naloxone?

- ❑ If a person is not responding to you.
- ❑ If bystanders report drug use and the person is not responding to you.
- ❑ If there are drug bottles, or signs of injection of drugs on the skin (“track marks”) and the person is not responding to you.



NARCAN[®] (naloxone HCl)

NASAL SPRAY 4mg



NARCAN[®] Nasal Spray delivers a consistent, concentrated 4mg dose of naloxone (HCl) that can reverse the effects of a life-threatening opioid overdose in minutes.

1 Identify Opioid Overdose and Check for Response



ASK person if he or she is okay and shout name.

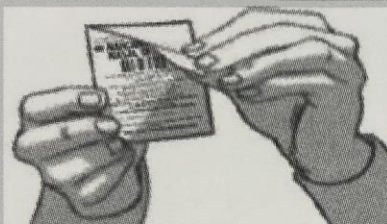
Check for signs of opioid overdose:

- Will not wake up or respond to your voice or touch
- Breathing is very slow, irregular, or has stopped
- Center part of their eye is very small, sometimes called "pinpoint pupils"

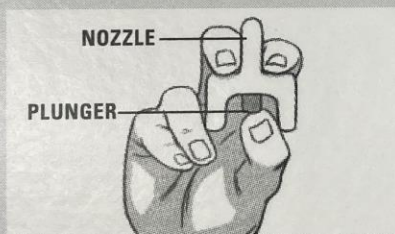
Lay the person on their back to receive a dose of NARCAN® Nasal Spray.

2 Give NARCAN® Nasal Spray

Remove NARCAN® Nasal Spray from the box.



Peel back the tab with the circle to open the NARCAN® Nasal Spray

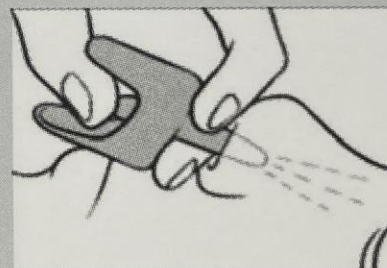


Hold the NARCAN® Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



Gently insert the tip of the nozzle into either nostril.

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose.



Press the red plunger firmly to give the dose of NARCAN® Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.

3 Call for emergency medical help, Evaluate, and Support



Get emergency medical help right away.

Move the person on their side (recovery position) after giving NARCAN Nasal Spray.

Watch the person closely.

If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.

Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN® Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.



POSTSECONDARY EDUCATION INSTITUTION OPIOID EDUCATION, TRAINING, AND REPORTING POLICY

THE GOAL



The Board of Regents, with input from the four public systems and LAICU, has developed a comprehensive campus opioid prevention education and training response policy in an effort to address the nation's rising opioid epidemic.

THE SUMMARY

Louisiana's postsecondary institutions will provide substance misuse and abuse prevention education, awareness and response training to the campus community to ensure they can identify common symptoms of an opioid overdose, administer naloxone, and provide supportive care. Through an excellent partnership with the Louisiana Department of Health, the campuses will be provided with naloxone.

THE COMPONENTS



- Educational awareness of substance misuse and abuse for the entire campus community.
- Annual training for certain campus personnel and students who live on campus.
- Naloxone administration reporting requirements to the Board of Regents.



INCIDENT REPORT

Directions: This incident report must be submitted to the managing board of your public postsecondary education system within 72 hours following an administration of Naloxone by any person designated in the Board of Regents Opioid Education, Training and Reporting Policy, or any other administration of which a managing board of public postsecondary education is aware of on institutional property or suspects was made using an opioid antagonist treatment kit stored on institutional property. Please check with the managing board of your public postsecondary education system for submission requirements of this form.

NAME OF INSTITUTION	ADDRESS (STREET, CITY, STATE, ZIP CODE)
CONTACT PERSON COMPLETING FORM (PRINT)	TITLE
TELEPHONE (Include Area Code)	CONTACT EMAIL
DATE OF INCIDENT (mm/dd/year)	DATE OF INCIDENT (mm/dd/year)

PLEASE PROVIDE THE FOLLOWING INFORMATION (PLEASE PRINT)

1. LOCATION OF INCIDENT

2. EMPLOYMENT CATEGORY OF PERSON ADMINISTERING THE NALOXONE: *(Check one only)*

- ☐ Residential Staff
- ☐ Campus Law Enforcement
- ☐ Academic/Faculty Member
- ☐ Registered Nurse
- ☐ Trained Personnel
- ☐ Student
- ☐ Other (please specify)_____

3. DESCRIPTION OF PERSON RECEIVING THE NALOXONE

a. Race

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

b. Gender

- ☐ Male
- ☐ Female
- ☐ Other (specify) _____

4. PROVIDE A DESCRIPTIVE ACCOUNT OF ALL RESULTING FOLLOW-UP ACTIONS



QUARTERLY REPORT

Directions: Managing boards of public postsecondary education institutions will submit a quarterly report, within seven days of the end of each calendar quarter, on (a) the number of Naloxone administrations in the calendar quarter and (b) the number of Naloxone treatment kits available on the institution's property at the beginning of the calendar quarter and at the end of the calendar quarter, and the number of kits replaced during the quarter. Email the completed form to laucasu@laregents.edu

NAME OF INSTITUTION	ADDRESS (STREET, CITY, STATE, ZIP CODE)
CONTACT PERSON COMPLETING FORM (PRINT)	TITLE
TELEPHONE (Include Area Code)	CONTACT EMAIL

PLEASE PROVIDE THE FOLLOWING INFORMATION (PLEASE PRINT)

1. PROVIDE THE NUMBER OF NALOXONE ADMINISTRATIONS THAT HAVE OCCURRED WITHIN THE CALENDAR QUARTER:
2. PROVIDE THE NUMBER OF NALOXONE TREATMENT KITS AVAILABLE ON YOUR INSTITUTION'S PROPERTY AT THE BEGINNING OF THE CALENDAR QUARTER AND AT THE END OF THE CALENDAR QUARTER:
3. PROVIDE THE NUMBER OF KITS REPLACED DURING THE QUARTER: