

SIGNS & SYMPTOMS OF OPIOID POISONING

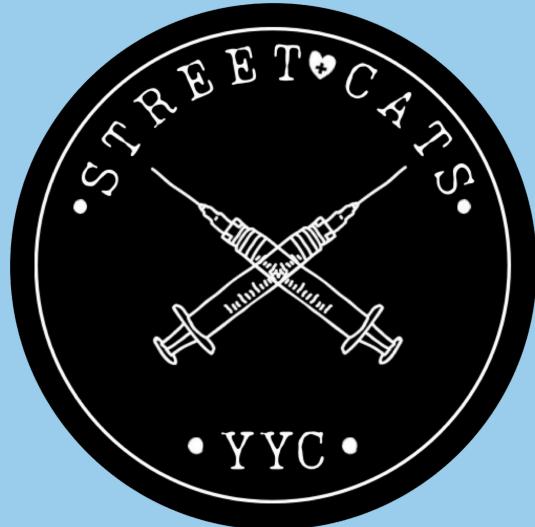
POISONING (OVERDOSE)

- SLOW OR NO BREATHING (WHERE “SLOW” BREATHING MEANS LESS THAN 12 BREATHS PER MINUTE)
- UNRESPONSIVE TO VOICE OR PAIN
- PALE FACE
- LIPS OR NAILS APPEAR BLUE
- GURGLING OR SNORING SOUNDS
- CHOKING OR VOMITING
- COLD OR CLAMMY SKIN
- CONSTRICTED OR TINY PUPILS
- SEIZURE LIKE MOVEMENTS OR RIGID POSTURE

NEVER USE ALONE

NORS is an overdose prevention hotline for Canadians providing loving, confidential, nonjudgmental support for you, whenever and wherever you use drugs.

Call (Canada only): 1-888-688-NORS(6677)
Call Never Use Alone (US only): 1-800-484-3731
Mobile App (Global): The Brave App



CONTACT



Calgary AB



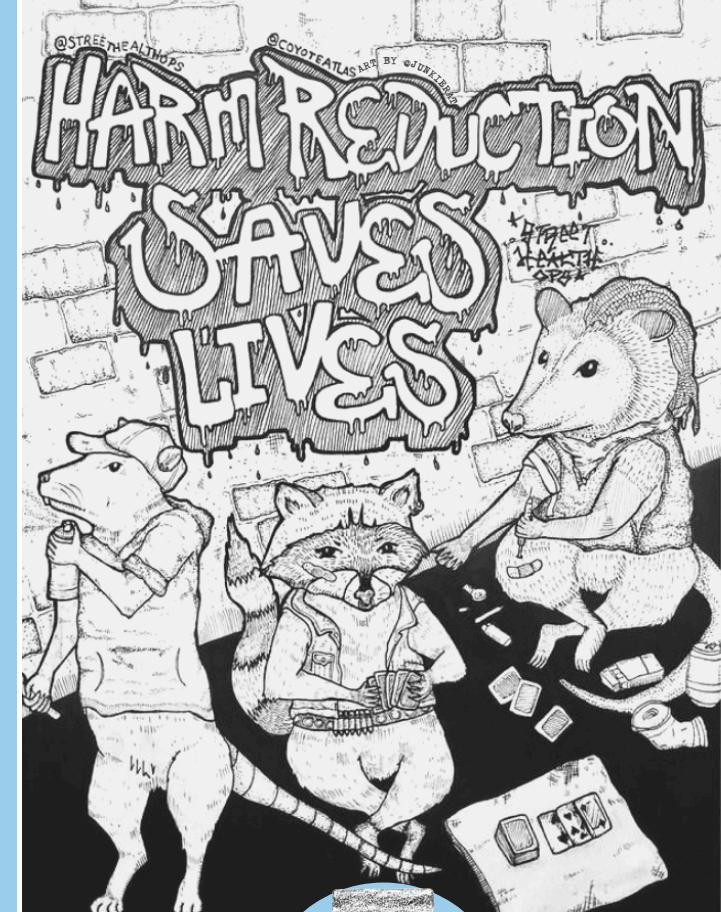
Streetcatsyyt@gmail.com



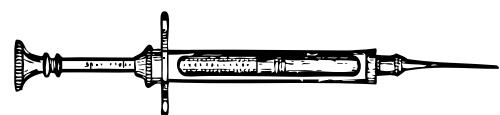
@Street.Cats.YYC



www.streetcatsyyt.com



OPIOID POISONING



HOW TO RESPOND

Street Cats YYC

IF SOMEONE IS EXPERIENCING A MEDICAL EMERGENCY, CALL 911 IMMEDIATELY

STEP 1. Stimulate them awake by yelling their name and administering a trap squeeze or a hard sternum rub to the chest plate.

STEP 2. If you have naloxone/Narcan, use it. Administer one dose every two minutes.

- Injectable: Draw up entire vial and inject into thigh muscle (can go through clothes)
- Nasal: Stick the device in the entrance of one nostril and click the plunger down fully. (medication will absorb through the mucous membranes)

STEP 3. Call 911, explain someone is not responsive and not breathing.

STEP 4. Provide rescue breathing

- Get the person on their back, tip their head back to straighten the airway, pinch their nose, put your mouth over theirs and form a seal, one breath every five seconds

STEP 5. When the person starts to breathe regularly on their own, roll them into a recovery position on their side

STEP 6. Be gentle with them and yourself afterwards!



DRAWING UP NALOXONE

- Use a long needle: 1 – 1 ½ inch (called an IM or intramuscular needle).
- Pop off the orange top vial.
- Draw up 1cc of naloxone into the syringe 1cc=1mL=100u.
- Inject into a muscle –middle outer thighs, or shoulder are best.
- Inject straight in to make sure to hit the muscle.
- If there isn't a big needle, a smaller needle is OK and inject under the skin, but if possible it is better to inject into a muscle.
- After injection, continue rescue breathing 2-3 minutes.

If there is no change in 2-3 minutes, administer another dose of naloxone and continue to breathe for them. If the second dose of naloxone does not revive them, something else may be wrong—either it has been too long and the heart has already stopped, there are no opioids in their system, or the opioids are unusually strong and require more naloxone.

RESCUE BREATHING

- Place the person on their back.
- Tilt their chin up to open the airway.
- Check to see if there is anything in their mouth blocking their airway, such as gum, toothpick, undissolved pills, syringe cap, cheeked Fentanyl patch (these things have ALL been found in the mouths of overdosing people!). If so, remove it.
- Plug their nose with one hand, and give 2 even, regular-sized breaths. Blow enough air into their lungs to make their chest rise. If you don't see their chest rise out of the corner of your eye, tilt the head back more and make sure you're plugging their nose.
- Breathe again. Give one breath every 5 seconds.

STIMULI

Verbal Stimulation

Call his or her name and/or say something that they might not want to hear, like "I'm going to call 911" or "I'm going to give you naloxone."

Physical Stimulation

If verbal does not work, try to stimulate him or her with pain to wake them up.

- rub your knuckles into the sternum (the place in the middle of your chest where your ribs meet)
- rub your knuckles on their upper lip.
- pinch the back of their arm.

AFTERCARE

Be respectful, kind, and gentle with folks when they are coming back. Welcome them back with joy that they are alive. Give them space if they want it. Their body was working really hard, they may need water and electrolytes. Do your best to provide this. Sugar can also be helpful.

Because naloxone blocks opioids from acting, it is possible that it can cause withdrawal symptoms in someone that uses daily opioid pain medication use or other opioid tolerance. Therefore, after giving someone naloxone they may feel dopesick and want to use again right away. It is very important to explain the risks of using prior to the naloxone wearing off and that a re-overdose can occur.

Often report that naloxone works immediately, however it may take up to 8 minutes to have an effect. Naloxone's effect lasts for about 30 to 90 minutes in the body. Because most opioids last longer than that, the naloxone may wear off before the effects of the opioids wear off and the person might go into an overdose again. Naloxone administration may be repeated without harm if the person overdoses again. In addition, if the person uses more heroin or opioids when there is still naloxone in the system, they may not feel it at all – naloxone will knock it out of the opioid receptors and the person will have wasted their drugs. The likelihood of overdosing again depends on several things including:

- How much drug was used in the first place and the half-life of the drug(s) taken
- How well the liver works to process things; and
- If the person uses again.

If the person cannot walk and talk well after waking up, then it is very important to encourage them to go to the hospital. If possible, stay with the person for several hours keeping them awake.

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