Naloxone: Use & Directions for Prevention & Overdose

Overdose: Agonists (opioids) block the body's ability to respond to the opioid's effects.

1. Carry naloxone.
2. Know when to use.
3. Give the full dose in 3 to 4 ml. (Max 1 g.)
4. Give 1 g. every 10 minutes if necessary.
5. Check for a response.
6. If there's no response, repeat the dose.
7. Stay with them until help arrives.
8. Don't respond after 4 minutes.
9. You may need to give a second dose if they don't respond.

Take action:

1. Call 9-1-1.
2. Check for a response.
3. Make sure the person's airway is clear.
4. Place the person on their side.
5. Give 1 g. every 10 minutes if necessary.
6. Stay with them until help arrives.

How to use Naloxone

Nasal Spray

1. Reconstitute the spray.
2. Insert the nozzle into the nostril.
3. Press the plunger for 1.5 seconds.

Intranasal

1. Remove the needle.
2. Place the needle into the nostril.
3. Press the plunger for 1.5 seconds.

Injectable—This requires a prescription.

1. Remove the needle.
2. Insert the needle into the arm.
3. Press the plunger for 1.5 seconds.

If you suspect an opioid overdose, respond.

Responding to an Opioid Overdose:

1. Stay with them until help arrives.
2. Check for a response.
3. Make sure the person's airway is clear.
4. Place the person on their side.
5. Give 1 g. every 10 minutes if necessary.
6. Stay with them until help arrives.

Anyone who uses opioids should carry naloxone and should be trained to use it in case of an overdose.
Opioids and Opioid Overdose

Opioids include some prescription pain medications, heroin, and fentanyl. Opioids can cause a person’s breathing to slow down or stop. If someone takes more opioids than their body can handle, they can lose consciousness, stop breathing, and die. This is called an opioid overdose. An overdose can happen at once or over time.

Opioid Overdose Risks

- **Restarting opioid use after a break or change in type/dose.** This includes after leaving jail or prison, some types of drug treatment, and hospital admissions. Tolerance can decrease quickly, even in a matter of days.

- **Mixing opioids with other sedating substances** such as alcohol, sleep aids, or benzodiazepines (“benzos” like Valium and Xanax). Use one drug at a time or use less of each drug. Start low and go slow.

- **Taking prescription pain medication in higher doses and/or more often than prescribed**

- **Taking someone else’s pain medication**

- **Using heroin or any drug not obtained from a pharmacy or cannabis dispensary,** due to unknown purity or origin

- **Heart, kidney, or lung disease,** which may affect the body’s ability to fight back against an overdose

- **Having overdosed in the past**

- **Using alone:** you can’t give yourself naloxone during an overdose. Try to use with a friend or around other people.

Signs of Opioid Overdose

- Slow or no breathing, they may look like they are sleeping

- Gurgling, gasping, or snoring

- Pale, gray, or blue fingernails or lips

- Ashen, white lips on a person of color

- Cool, clammy skin

- Unresponsive to external stimuli

If the person shows signs and symptoms of an opioid overdose, give naloxone even if you don’t know what substance the person took.

Naloxone is a safe medication that can **temporarily** stop the effects of opioids and help a person start breathing again.

Naloxone only works on opioids and will have no effect on someone who has taken a different substance.

In Washington State, anyone can obtain naloxone at retail pharmacies, even if you don’t have a prescription from a doctor. You can use the WA State Standing Order to dispense naloxone in lieu of a prescription from a primary care provider.

This is not a substitute for more complete overdose response training from a medical provider or health educator. Some content in this publication is adapted from WA Department of Health and ADAM. Naloxone nasal spray instructions are adapted from Adapt Pharma/Emergent BioSolutions.