ASSESSMENT AND TREATMENT OF SUSPECTED OPIOID OVERDOSE

Officer Steve Redmond, Safety Officer
Officer Matthew Nichols, EMT Coordinator

Special Thanks To The Marah Project
Objectives

- Define the term “opioid” and list substances classified as opioids
- Recognize the signs and symptoms of an opioid overdose
- Recognize other conditions that may demonstrate similar signs and symptoms to opioid overdose
- Understand the treatment priorities for individuals with suspected opioid overdose
- Understand the potential adverse effects following administration of Naloxone (Narcan)
- Learn the skills necessary to administer Naloxone (Narcan) to individuals with suspected opioid overdose
- Have a good understanding of the Good Samaritan Law
- Understand SPD’s Policy and Procedures in regards to Naloxone (Narcan)
- CPR refresher
The problem...

- Overdoses from opioids have surpassed motor vehicle collisions as the leading cause of death in the United States
- More people are admitted into detox centers for opioids than for alcohol
- It is a recognized crisis impacting a much younger generation than ever before
“Opioid”

Any psychoactive chemical that resembles morphine or other opiates in its pharmacological effects

- Opiate refers to natural chemicals found in the resin of the opium poppy
- Opioid refers to both natural (opiate) and synthetic substances.
# Opioid Substances

<table>
<thead>
<tr>
<th>Natural</th>
<th>Synthetic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opium</td>
<td>Semi-synthetic</td>
</tr>
<tr>
<td>Heroin</td>
<td>Hydrocodone (Vicodin, Lortab)</td>
</tr>
<tr>
<td>Morphine</td>
<td>Hydromorphine (Dilaudid)</td>
</tr>
<tr>
<td>Codeine</td>
<td>Oxycodone (Percocet, Ocycontin)</td>
</tr>
<tr>
<td></td>
<td>Buprenorphine (Suboxone)</td>
</tr>
<tr>
<td></td>
<td>Fully Synthetic</td>
</tr>
<tr>
<td></td>
<td>Fentanyl</td>
</tr>
<tr>
<td></td>
<td>Methadone</td>
</tr>
<tr>
<td></td>
<td>Tramadol</td>
</tr>
</tbody>
</table>
Recognizing Possible Opioid Overdoses

- Obvious signs of recent opioid use
- Minimally responsive or unconscious
- Constricted pupils
- Abnormal or absent breathing
- Blue lips, greyish complexion
- Cardiac arrest
OPIOID OVERDOSE LOOK-ALIKES...

- Diabetic Reaction
- Stroke
- Heart attack
- Severe Traumatic Brain Injury
- Severe infection/Sepsis
- Other drug overdoses
  - “Sleeping pills” or
  - Anxiety pills such as Xanax, Ativan, or Valium
  - Severe Alcohol intoxication

CAUTION

These conditions won’t respond to Naloxone, but still need BLS care before arrival of EMS
Naloxone (Narcan®) Intranasal Spray Kit

- Plastic Needle-less Syringe with caps
- Naloxone (Narcan®) cartridge
- Mucosal Atomization Device (MAD®)
Naloxone (Narcan®) Intranasal Spray Kit

1. Pull or pry off yellow caps
2. Pry off red cap
3. Twist syringe onto Atomizing device
4. Twist Naloxone cartridge Into syringe
Opioid Overdose Treatment

If a patient is not breathing, **this is your most important task after** you have requested Seattle Medics to respond:
Opioid Overdose Treatment

- Notify Seattle fire and request Medics
- Check for responsiveness
- Check for signs of circulation
  - Coughing, movement, regular breathing
- Open the airway (head tilt, chin lift)
- If not breathing, provide manual ventilation with mouth-to-mask
- Manage the airway
Opioid Overdose Treatment

**GIVE** Naloxone (Narcan) if:

- There are obvious signs of opioid drug use
  - Paraphernalia/known opioid abuser/witness statements
- Patient is unconscious or semi-conscious
  - AND
- Patient has abnormal or absent breathing
- Patient may or may not have pinpoint pupils

**Notify communications as soon as possible after Naloxone was administered**

Once Naloxone (Narcan) is administered, it takes approximately 2 or more minutes for the Naloxone to begin to take affect.
Opioid Overdose Treatment

• DO NOT give Naloxone (Narcan) if:
  • There are no indications this is a Opioid overdose
  • Patient is breathing normally
  • Patient is conscious
Potential Adverse Effects of Naloxone (Narcan)

- May precipitate acute opioid withdrawal
  - Nausea/Vomiting
  - Hypertension and tachycardia
- Patients may awaken with severe agitation or aggressive behavior
- Risk of under-treating other conditions that are not caused by opioid overdose
Good Samaritan Law  RCW 69.50.315

(1) A person acting in good faith who seeks medical assistance for someone experiencing a drug-related overdose shall not be charged or prosecuted for possession of a controlled substance pursuant to RCW 69.50.4013, or penalized under RCW 69.50.4014, if the evidence for the charge of possession of a controlled substance was obtained as a result of the person seeking medical assistance.

(2) A person who experiences a drug-related overdose and is in need of medical assistance shall not be charged or prosecuted for possession of a controlled substance pursuant to RCW 69.50.4013, or penalized under RCW 69.50.4014, if the evidence for the charge of possession of a controlled substance was obtained as a result of the overdose and the need for medical assistance.

(3) The protection in this section from prosecution for possession crimes under RCW 69.50.4013 shall not be grounds for suppression of evidence in other criminal charges.
Policy and Procedures
CPR REFRESHER
Final points

• Look for obvious indications of an opioid overdose

• Always request Seattle Fire and Medics

• Supporting an opioid overdose patient’s breathing is the most important treatment

• Naloxone (Narcan) administration is a secondary treatment

• Many other conditions appear similar to opioid overdose but will not improve with Naloxone administration alone. Basic first aid and Airway management remain integral to surviving such conditions.
Contact Info

Officer Steve Redmond
Safety Officer, SPD Human Resources
206.707.2422
Steven.redmond@seattle.gov

Officer Matthew Nichols
SPD Lead EMT, Harbor Patrol
2333333
Matthew.nichols@seattle.gov