

INTRANASAL NALOXONE
ADMINISTRATION: THE
POWER TO SAVE A LIFE IS
UNDER THEIR NOSE

IMPD Southwest District Narcan Pilot Project

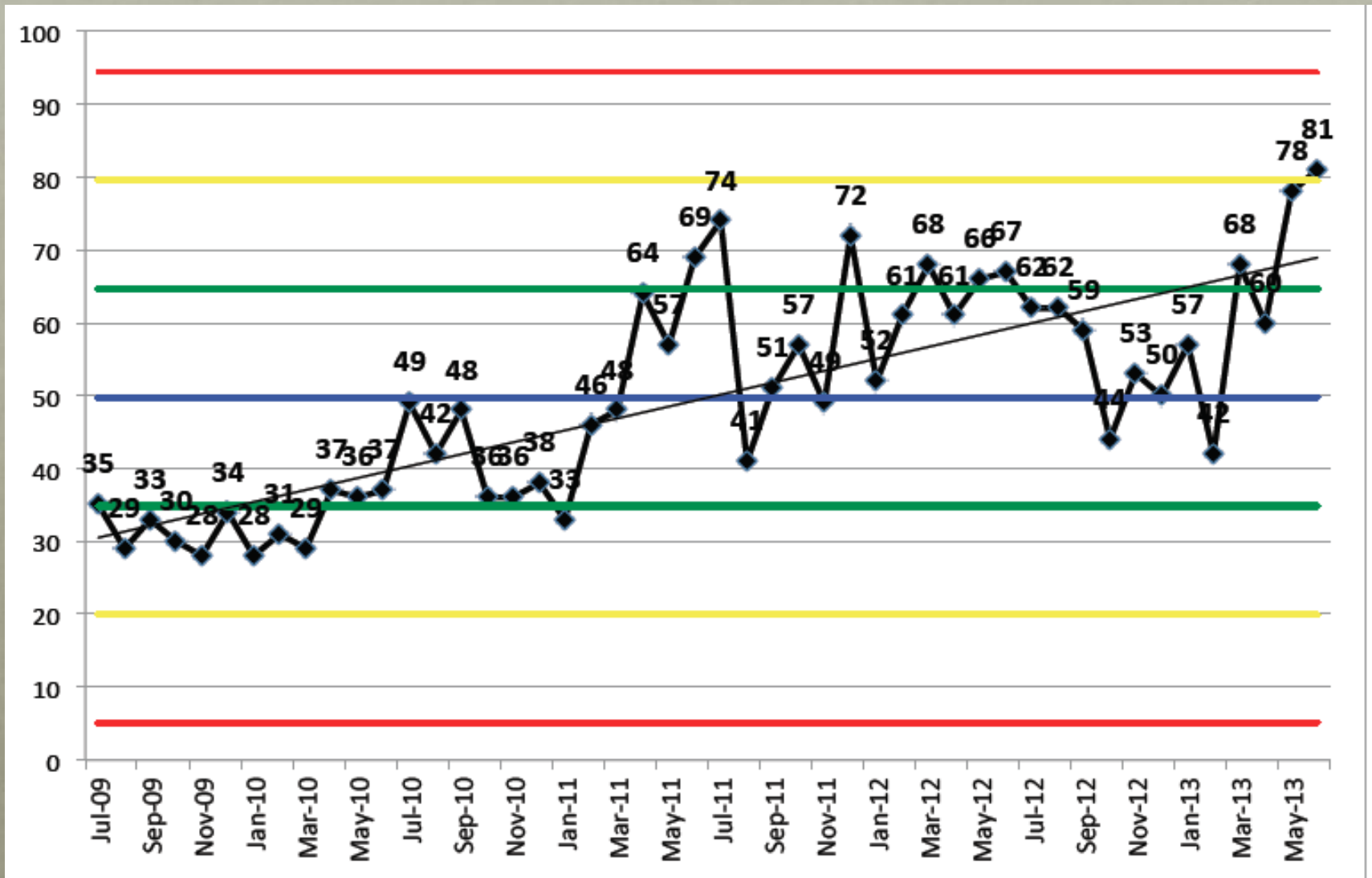
OBJECTIVES

- Overview of the problem
- Discuss the basics of opioids
 - What are opioids?
 - Illicit and Prescription
- Educate on recognition of opioid overdose
- Educate on Intranasal administration of Naloxone

THE OPIOID OVERDOSE PROBLEM

- THIS IS AN EPIDEMIC
- Growing at an almost logarithmic rate
 - Use
 - Abuse
 - Overdose deaths
- No boundaries
 - Age
 - Gender
 - Socioeconomic status

NARCAN USE BY IEMS

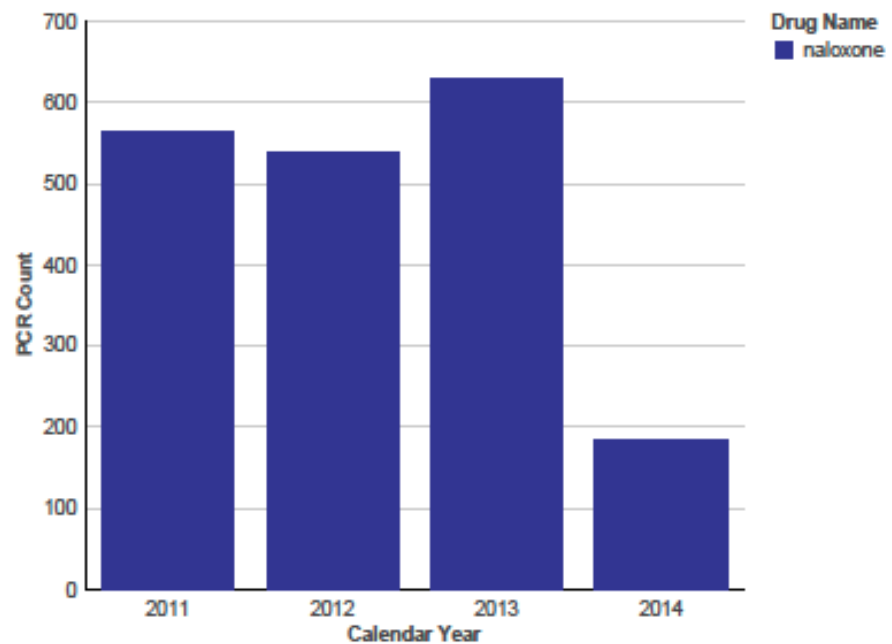


2014 ISN'T LOOKING GOOD

IEMS Naloxone Report

Drug Name: naloxone

PCR Count	2011	2012	2013	2014	Total
Jan	30	42	42	48	162
Feb	42	50	28	62	182
Mar	42	52	51	72	217
Apr	52	48	48	2	150
May	45	48	61		154
Jun	61	48	67		176
Jul	66	50	48		164
Aug	35	50	59		144
Sep	45	40	43		128
Oct	50	31	67		148
Nov	41	43	63		147
Dec	56	35	52		143
Total	565	537	629	184	1,915



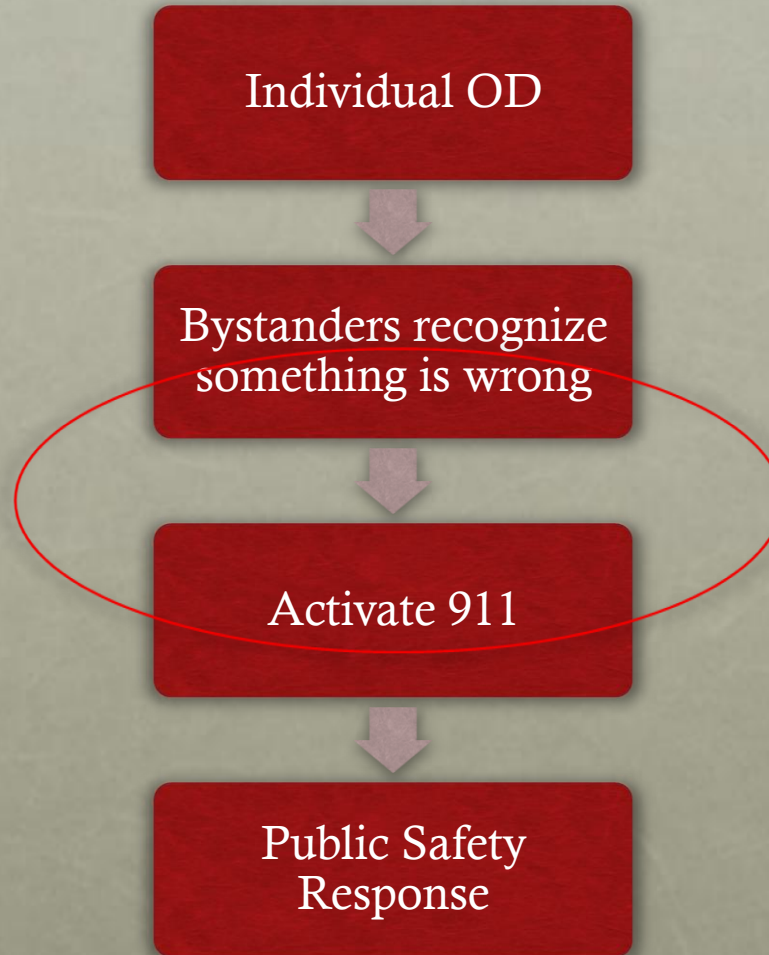
WHY IS THIS

- Prescription opiates are available everywhere
- Getting harder to get a hold of
 - New governmental regulations on prescribing
 - More expensive
- Often turning to heroin to get high

LAW ENFORCEMENT AND NALOXONE

- Often first on scene
 - Time is of the essence
- Currently limited on what you can do
- Intranasal Narcan administration by Law Enforcement
 - Nassau County, NY
 - Quincy, MA
 - Others

WHY POLICE?



WHY POLICE?

- Safe
- Effective
- Little to NO side effects
- First step in combating deaths from overdose
 - This is a true time sensitive emergency
 - Any delay can lead to death

WHAT ARE OPIATES

- Synthetic or naturally occurring products derived from the poppy plant
- They are classified as depressants
 - CNS → Slow mentation, alter level of consciousness
 - Respiratory systems → Slow respirations, stop breathing
 - Cardiovascular → Slow HR, Drop Blood pressure
- But people take them to get high?
 - Lower doses cause euphoria, loss of pain

HOW DO PEOPLE INGEST?

- Prescription
 - Vicodin, Norco, Percocet, Percodan, Morphine, etc..
 - Common pain relievers
 - When taken in prescribed doses → predictive effects
 - When taken in no prescribed doses → Variable
- Illicit
 - Heroin
 - Injected, Snorted, Smoked
 - VARIABLE effect
 - Not predictable
 - First time users can overdose

HOW DO THEY KILL?

- Central Nervous System Depressant
- “Slows” everything down
- Slows or stops the vital organs of the body:
 - Brain → Decreased LOC
 - Decreased alertness
 - Decreased Respiratory drive
 - Brainstem
 - Responsible for vital functions
 - Take away the body’s desire to breath
 - Drops HR, BP,

DECREASED RESPIRATORY DRIVE

- How opiates kill
- Body naturally wants to breath
- This takes it away
- Lose Consciousness → Lose drive to breath → Lose Oxygen → Go further out of consciousness → DEATH
- All can be reversed in a timely manner

PICTURE OF AN OVERDOSE

- Everything is slowed
- Person often drifts out of consciousness
- Unable to wake them up with even painful stimuli
- Constricted pupils
- Limp body
- Abnormal respirations
- Slowed respirations
- No Respirations
- Turn Blue, begin to “aspirate”
- Death



HIGH VS. OVERDOSE

REALLY HIGH	OVERDOSE
Muscles become relaxed	Pale, clammy skin
Speech is slowed/slurred	Very infrequent or no breathing
Sleepy looking	Deep snoring or gurgling (death rattle)
Responsive to stimuli (such as shaking, yelling, sternal rub, etc.)	Not responsive to stimuli (such as shaking, yelling, sternal rub, etc.)
Normal heart beat/pulse	Slow heart beat/pulse
Normal skin tone	Blue lips and/or fingertips

ONCE EMS ARRIVES



- Can assist in breathing
- If in cardiac arrest will begin treating accordingly
- If not in cardiac arrest and unconscious will administer Naloxone
 - Does not work if they have already gone into cardiac arrest
- Almost 100% will need transportation to the hospital

WHEN IT IS TOO LATE

- Cardiac arrest
 - Longer they are in cardiac arrest → Harder it is to get them back
 - No matter the age
- Effects of long term oxygen deficit
 - Brain damage
 - Very common after someone has overdosed
 - Mild (forgetfulness) → Severe (inability to do normal activities)

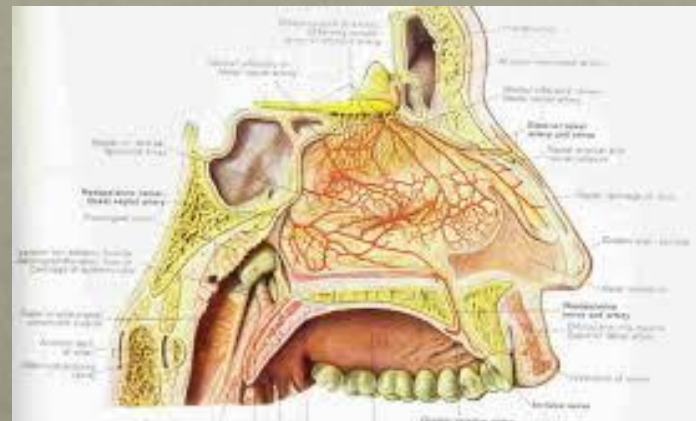
NALOXONE/NARCAN

- Naloxone
 - “Antidote” for opiates
 - Onset up to 8 minutes
 - Lasts 30-90 minutes
 - Will reverse the effects
 - Wake people up
 - Stimulate breathing
- Safe and effective
 - Can be given through an IV
 - Can be given intranasal
 - Currently carried by paramedics



INTRANASAL NALOXONE

- Given with the Mucosal Atomizer Device (MAD)
- Creates a “mist of medication”
- Absorbed through the nasal mucosa
- They are not “breathing it in”



HOW ARE WE GOING TO GIVE IT?

- Will be issued 2mg/ml vials
 - Giving the whole thing
 - $\frac{1}{2}$ up one nostril, $\frac{1}{2}$ up the other
- Should start seeing results within minutes

WHAT AM I GOING TO SEE

- Respiratory rate increases
 - No Breathing → Breathing
- Color improves
 - Blue → “Normal” color
- Level of consciousness improves
- GI issues
 - Vomiting
 - Diarrhea

WHAT ABOUT COMBATIVENESS?

- Usually not seen in intranasal administration
- Recent study showed #1 effect is confusion
 - <3% became violent/combative
- Our goal is to take them from dead to not dead
- Goal: Safe transfer to EMS providers



BUT IT'S NOT WORKING

- If they have been out for too long it may not work
- If they have ingested other substances (EtOH, “downers”) it may not work
- They may have ingested a really potent substance
- Still no harm

PROCEDURE

- Each officer will be administered 1 Intranasal narcan kit
- Contains:
 - 2mg/2ml prefilled narcan syringe
 - 1 Mucosal Atomizer Device (MAD)
- Storage
 - Preferable on your person
 - Can be held in your trauma kits



PICTURES









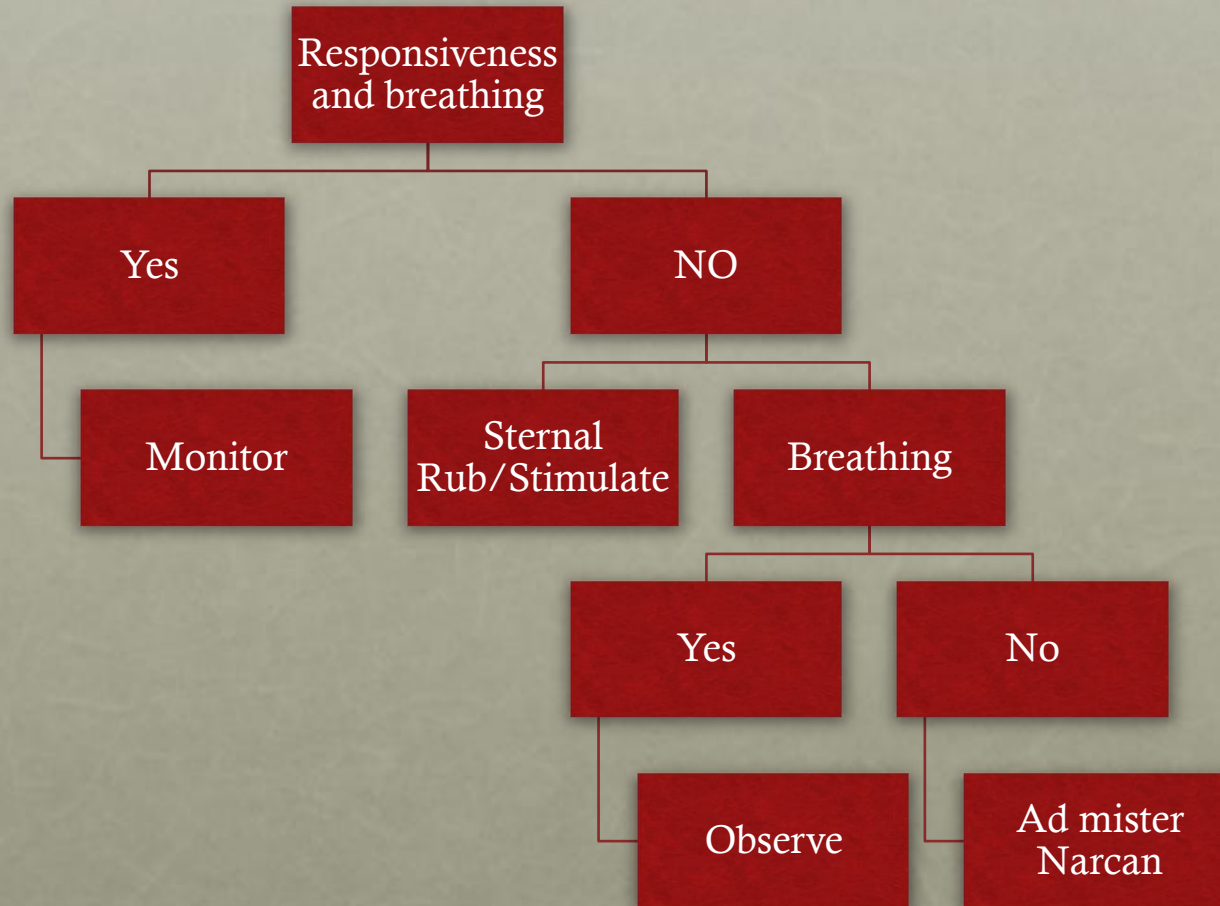




ADMINISTRATION

- 1st Identify overdose
 - Does history and appearance seem consistent with opioid overdose
- Ensure EMS is en route
- Assess for responsiveness and breathing

PROCEDURE CONT...



A DIFFERENT WAY

- Recognize opiate overdose
 - Decreased LOC
 - Decreased or no breathing
 - In setting of likely opiate ingestion
- Give sternal rub/stimulate
 - If no response → Administer Narcan
- Place in recovery position



THE AFTERMATH

- 100% will be transported to the hospital
 - If patient refuses will have to ID
 - Citing medical threat to self
- Paperwork
 - Brief information form
- 100% officer feedback within 48-72 hours

LEGAL ISSUES

- Lifeline bill 227 addendum
 - Will provide protection to individuals who call for help in the event of an overdose
 - Provide some protection from prosecution if attempts are made to help a victim
 - Awaiting passage through house
 - Hopefully address fears associated with calling for help
- Signed March 2014
- May see an increase in calls related to overdose

SUMMARY

- Accidental deaths from opiate overdoses has become an EPIDEMIC
- Early recognition and treatment of an overdose can help save a life
- Police administration of narcan is a safe and effective means to save lives in the event of an overdose death
- Unconscious + Not breathing + Right setting → IN Narcan (1ml up one nostril and 1ml up the other)

QUESTIONS?

