

# Opioid Overdose Response Plan – Ampoules

COPE

*Penington* | PENINGTON  
INSTITUTE

## Signs of opioid overdose

- UNRESPONSIVE
- Snoring/gurgling noises
- Irregular/shallow breathing
- No breathing at all
- Blue lips – if pale skinned
- Ashen look – if dark skinned
- Limp body and heavy nod
- Possible vomiting

## What to do

- **Stay with them.**
- Before you act, check for danger.
- Try to get a response from the person.
- **If there is no response call for help – 000.**
- Give the operator the information they ask for and follow their instructions.

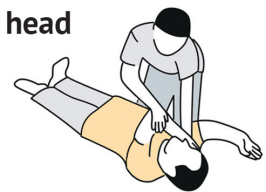
### Put the person in the recovery position ►

- Tilt their head back, clear the airway if needed and make sure that their airway stays open and clear.
- **Give them one dose of naloxone (see other side).**
- If their heart is beating but they are not breathing, apply rescue breathing – if you know how or are comfortable doing so (two slow breaths to start, and then one breath every five seconds).
- If there are no signs of life, in addition to the steps already taken, start CPR – if trained or comfortable doing so.
- **If the person doesn't start to breathe after two to three minutes (four minutes if pregnant) give a second dose of naloxone and continue other measures.**

### 1. Raise arm



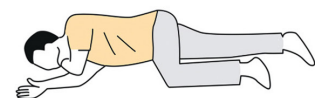
### 2. Support head



### 3. Lift leg



### 4. Roll over



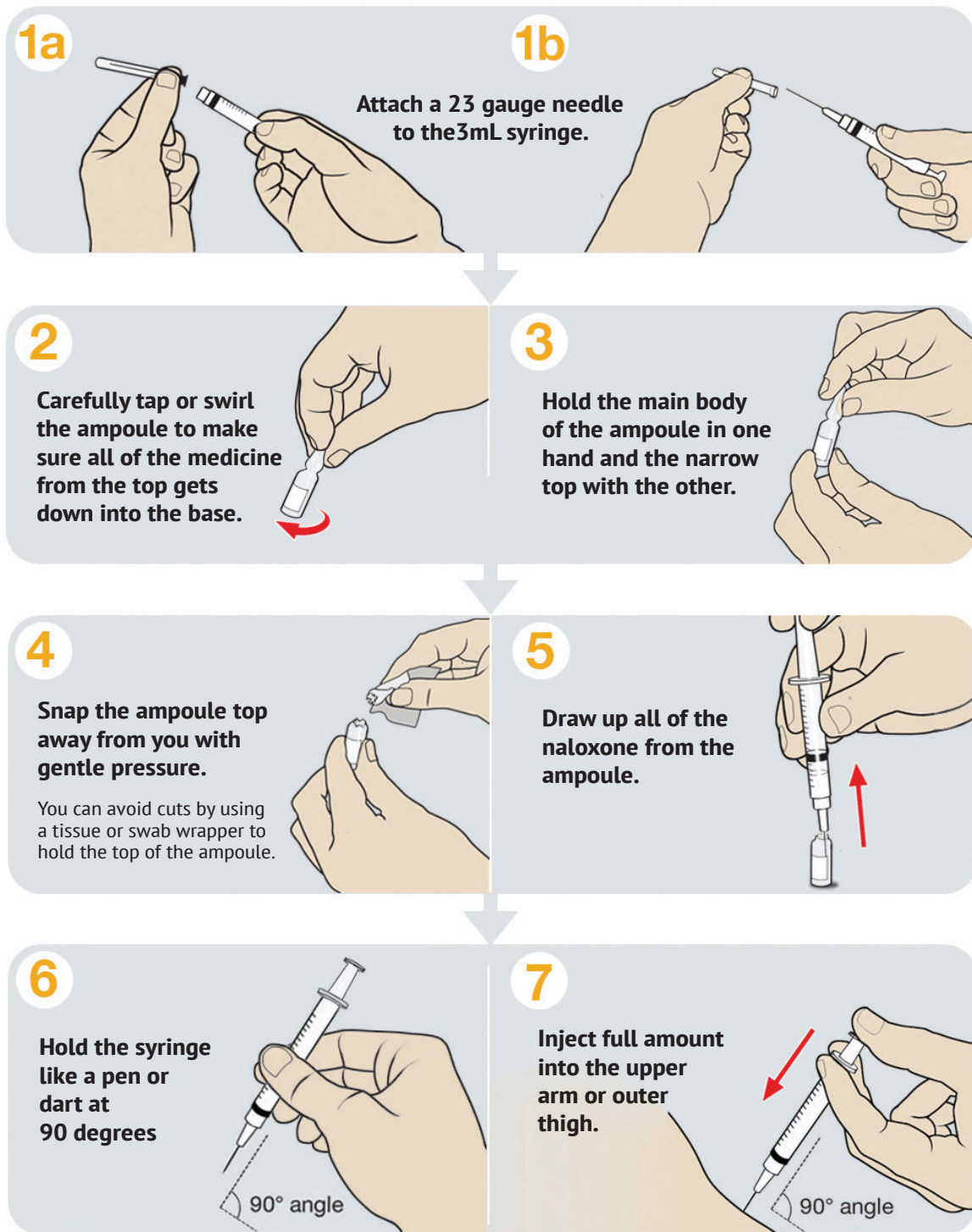
## Aftercare

Naloxone usually wears off in 30 to 90 minutes. When this happens the person might drop again. This is more likely if the person has taken other depressant drugs, like alcohol or benzodiazepines.

**If you need to use more naloxone - use it.**

Do not leave them alone and discourage them from using any drugs for at least two hours.

# Administering Naloxone from an ampoule



Take note of the time so you can inform the paramedics.

If there is no response after two to three minutes, give them a second dose. (every four minutes for pregnant women). Follow steps as above.

**DISPOSE OF ALL NEEDLES, SYRINGES AND AMPOULES SAFELY INTO A SHARPS CONTAINER WHERE POSSIBLE.**

Updated design. Information previously endorsed by the clinical sub-group of COPE reference group.