INJECTION INTO MUSCLE

Needle-Syringe and Vial:
1. Open cap of naloxone vial.
2. Remove cap of needle, and insert into vial.
3. With the vial upside down, pull back plunger and draw up 1mL (1cc) of naloxone. Naloxone vial may only have one dose, or may be a multi-dose vial.
4. Using a needle at least 1 inch long, inject into muscle in the upper arm.

OR

Auto-injector: Follow visual and voice instructions. Package contains instructions and a training device.

NASAL SPRAY

Multi-step nasal spray:
1. Remove yellow caps from ends of applicator.
2. Twist nasal adapter on tip of applicator until tight.
3. Take purple cap off of naloxone syringe, insert in other side of applicator and twist in until tight.

Push half of the naloxone (1mL/1cc) into each nostril. The naloxone vial contains 2mL, so you are giving one half in one nostril and one half in the other nostril.

OR

Single-step nasal spray: Peel back tab with circle to open, insert tip into either nostril and administer full dose. Entire dose is administered with one spray.

If victim is not breathing or only gasping, begin CPR. CPR technique should be based on rescuer’s level of training.

After giving naloxone stay with the victim.
Continue rescue breathing with 1 breath every 5 seconds. If the victim is still not responding in 3 to 5 minutes, give a second dose of naloxone. Continue rescue breathing until emergency responders arrive and make sure the victim does not take any more opioids.
RESCUE POSITION:
If you have to leave someone alone at any time, like to call for help or to get naloxone, make sure that they are in the rescue position. Put the victim on his/her side with the top leg and arm crossed over the body. This makes it difficult for the victim to roll over, and lessens the chances that he/she will choke on vomit.

RESCUE BREATHING:
- Make sure nothing is in the person’s mouth blocking their breathing.
- Place one hand on the chin and tilt the head back. With the other hand pinch the nose closed.
- Administer two slow breaths and look for the chest to rise.
- Continue administering 1 breath every 5 seconds until the person starts breathing on his or her own.
- If the victim is not responding in 3-5 minutes, give a second dose of naloxone and continue CPR/rescue breathing until help arrives.

WHO SHOULD GET NALOXONE?
- A person overdosing on opioids
  - Not responding to yelling or shaking
  - Not breathing or struggling to breath
- Overdose risk is greater when
  - People take increased amounts of opioids
  - Mix opioids with other drugs or alcohol
  - Have changes in opioid tolerance

WHAT IS NALOXONE?
Naloxone is a special medication used to stop an overdose. Opioid pain medications or drugs such as heroin can slow breathing and cause overdose. Naloxone is safe, effective, and easy to use.

EXAMPLES OF OPIOIDS:
- MORPHINE (MS Contin®)
- CODEINE
- HYDROCODONE (Vicodin®, Norco®)
- HYDROMORPHONE (Dilaudid®)
- OXYCODONE (Percocet®, OxyContin®)
- OXYMORPHONE (Opana®)
- FENTANYL (Duragesic®)
- METHADONE
- HEROIN

The Rhode Island Good Samaritan Overdose Prevention Law protects people who overdose or seek help for someone overdosing from being charged or prosecuted for drug possession. Protection does not extend to drug trafficking or distribution charges.

For assistance with finding addiction treatment, support groups, or recovery support services in your community please call Rhode Island’s dedicated hotline at 1-401-942-STOP, or 1-401-942-7867

PREVENT OVERDOSE:
- Only take medication prescribed to you, and take it as directed
- Don’t mix opioids with drugs or alcohol
- Store your medication in a safe and secure place and dispose of any unused medication
- Not taking opioids for a while changes tolerance levels, which means if you restart you need to start at a lower dose
- Teach your family and friends how to respond to an overdose

For more information about naloxone and opioid safety please visit, www.prescribetoprevent.org