Opioid Overdose: Identify and React

In Case of Overdose:

1. **Sternum rub**
   If the victim isn't breathing, is blue in the face or non-responsive, move your knuckles up and down the chest over the sternum with a lot of pressure.

2. **Call 911 and give naloxone**
   If there is no reaction in three minutes, give a second naloxone dose.

3. **Do rescue breathing or chest compressions**
   Follow 911 dispatcher instructions.

4. **Recovery position**
   If you need to leave the victim, place him/her on his/her side (recovery position) to prevent the person from choking on his/her vomit.

5. **After naloxone**
   Stay with the person for at least three hours or until help arrives. Report naloxone use.

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**Identifying an Opioid Overdose:**

Look for these common signs:
- Won't wake up, even if you shake him/her or say his/her name
- Breathing slows or even stops
- Lips and fingernails turn blue or gray
- Skin gets pale, clammy
- Small, constricted pupils
- Choking or gurgling sounds

**TO AVOID AN ACCIDENTAL OPIOID OVERDOSE:**
- Try not to mix your opioids with alcohol, benzodiazepines (Xanax® [alprazolam], Ativan® [lorazepam], Klonopin® [clonazepam], Valium® [diazepam]) or medicines that make you sleepy.
- Be extra careful if you miss or change doses, feel ill or start new medications.

Read more about common opioids* at [www.cdc.gov/drugoverdose](http://www.cdc.gov/drugoverdose).

*Heroin is also an opioid.

For patient education materials and videos, please visit: [https://www.cdc.gov/stopoverdose/naloxone/](https://www.cdc.gov/stopoverdose/naloxone/)

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This material was prepared by Pa. Department of Drug and Alcohol Programs and has been modified by Mountain-Pacific Quality Health, a Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW-MPQHF-AS-CC-2/23-289
Getting and Giving Naloxone
Tell someone where it is and how to use it.

How to Get Naloxone:
National access to naloxone can be found by going to https://nextdistro.org.


Access to naloxone in Hawaii can be found by calling 808-853-3292 or by going to http://bit.ly/HHHRCnaloxone.

Access to naloxone in Montana can be found by going to https://bit.ly/MTnaloxone.


Find more resources on behavioral health and opioids on the Mountain-Pacific Quality Health website: https://bit.ly/3oEM3ZW.

How to Give Naloxone:*

Injectable Naloxone

1. Remove cap from naloxone vial and uncover the needle.
2. Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 ml.
3. Inject 1 ml of naloxone into an upper arm or thigh muscle.
4. If there is no reaction after three minutes, give a second dose.

*There are multiple ways to give naloxone. Call 911, then follow the instructions on how to administer it by nasal spray or injection.

Intranasal (Approved by the FDA)

1. Peel back the package to remove the device.
2. Place the tip of the nozzle in either nostril until your fingers touch the bottom of the patient’s nose.
3. Press the plunger firmly to release the dose into the patient’s nose.
4. If there is no reaction after three minutes, give an additional dose using a new device in the other nostril.

**ZIMHI®**
(Approved by the U.S. Food and Drug Administration [FDA])

ZIMHI® is an intramuscular injection to get it into the blood fast. Scan the QR code to access the ZIMHI® website with more information and video directions on its use.

The person receiving naloxone must receive medical treatment.