

# Using Naloxone to Respond to an Overdose in a Nursing Facility

**Follow these steps to respond to an overdose:**



## 1. Check for a Response

- Lightly shake the resident and yell their name. Firmly rub the resident's sternum (bone in the center of the chest where ribs connect) with knuckles, hand in a fist
- If the resident does not respond—Give Naloxone, Call 911



- Place the other hand on top of the first hand, keep elbows straight, shoulders directly above hands
- Use body weight to push straight down, at least 2 inches, at a rate of 100 compressions per minute
- Place face shield (optional)
- Give two breaths for every 30 compressions



## 2. Give Naloxone, Call 911

- If you have naloxone nasal spray, DO NOT PRIME OR TEST the spray device. Gently insert the nozzle tip into one nostril and press the plunger firmly to give the entire dose of naloxone nasal spray.
- If you have the naloxone auto-injector, pull the device from the case and follow voice instructions.
- When calling 911, give the address and say the resident is not breathing.



## 4. Consider Naloxone Again

- If a resident doesn't start breathing in two and three minutes or responds to the first dose of naloxone and then stops breathing again, give a second dose of naloxone.
- Because naloxone wears off in 30 to 90 minutes, stay with the resident until emergency medical staff take over or for at least 90 minutes if the person stops breathing again.



## 3. Airway Open

Rescue Breathing (*if overdose is witnessed*)

- Place face shield (optional)
- Tilt head back, lift chin, pinch nose
- Give one breath every five seconds
- Chest should rise

Chest Compressions (*if collapse is unwitnessed*)

- Place the heel of one hand over the center of the resident's chest (between nipples)



## 5. Recovery Position

- If the resident is breathing but unresponsive, put them on their side to prevent choking if they vomit.

Source: Adapted from [www.pbm.va.gov/PBM/AcademicDetailingService/Documents/AcademicDetailing\\_Educational\\_Material\\_Catalog/41\\_IB\\_784\\_OEND\\_Patient\\_Opioid\\_Safety\\_for\\_Patients\\_on\\_Opioids\\_Brochure\\_v2.pdf](http://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/AcademicDetailing_Educational_Material_Catalog/41_IB_784_OEND_Patient_Opioid_Safety_for_Patients_on_Opioids_Brochure_v2.pdf)

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An opioid overdose can slow breathing to a dangerously low rate, cause irregular breathing, or stop it entirely. Without quick action, this can lead to brain damage or death.



### Some Signs of an Overdose:

- Unable to speak or respond to your voice or touch
- Small, constricted “pinpoint pupils”
- Choking or gurgling sounds
- Faint heartbeat/pulse
- Pale, blue, or cold skin
- Blue or purple lips or fingernails

**Staff should be informed of where Naloxone is kept in the nursing facility.**

### Additional Overdose Resources:

#### **Naloxone in Nursing Homes: A Checklist for Process Review**

A [checklist](#) of questions to support nursing facilities when implementing the use of naloxone or evaluating existing naloxone policies and procedures.

**Video: How to Use Naloxone Nasal Spray:** [Centers for Disease Control. Stop Overdose](#)

**To request training on naloxone administration, contact the Center of Excellence for Behavioral Health in Nursing Facilities**



Scan the QR code to view additional resources and trainings from the COE-NF.

[www.nursinghomebehavioralhealth.org](http://www.nursinghomebehavioralhealth.org)