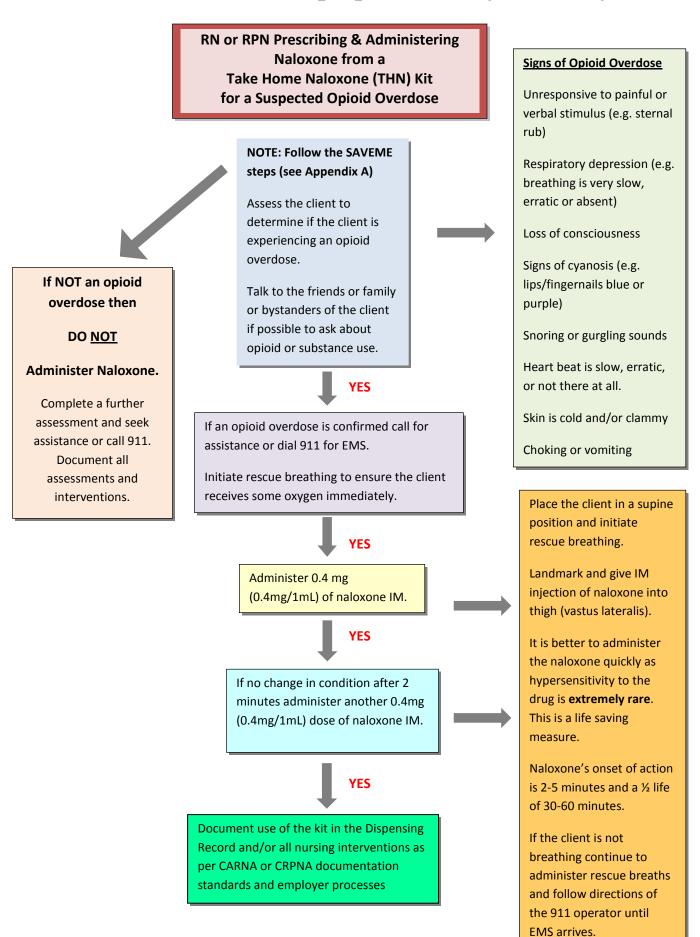
Alberta Health Services

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Stimulate – call 911

Appendix A

- Use painful or verbal stimuli such as a sternal rub, tapping the bottom of their foot, or calling their name
- If they do not respond call for assistance or 911 for EMS
- When speaking with the 911 dispatcher:
 - o Be clear and brief
 - Say the person is unconscious and experiencing respiratory distress

Airway and Ventilation

- If they are unresponsive and not breathing, initiate rescue breathing
- Place them on their back and tilt the chin up to open the airway
- Check to see if there is anything in their mouth blocking their airway
- Always use universal precautions use the barrier mask to cover their mouth
- Plug the nose with one hand, and give 2 even, regular-sized breaths
- Give one breath every 5 seconds for 2 minutes

Evaluate the situation

• If no response after rescue breathing for 2 minutes then administer first dose of naloxone

Muscular injection of Naloxone

- Provide intramuscular injection 0.4 mg (0.4 mg/1 mL) to thigh (vastus lateralis)
- It may take 2-5 minutes for the naloxone to take effect

Evaluate again

- Continue to provide rescue breaths for another 2 minutes unless person is awake and breathing NORMALLY on their own
- After 2 minutes, if they are still not responsive and breathing adequately on their own, give the 2nd dose of naloxone 0.4 mg (0.4mg/1mL)
- Continue rescue breathing until respiratory depression has resolved or until help arrives
- Place the person in the recovery position if they regain consciousness and respiratory depression has resolved in order to maintain a patent airway and decrease risk of aspiration

<u>Note</u>: Opioid overdose response and Naloxone administration is not a substitute for Basic Life Support or CPR training and does not include instruction on chest compressions. The Heart & Stroke Guidelines recommend chest compressions in addition to ventilation, therefore the 911 operator may instruct you to start chest compressions. CPR technique is based on rescuer's level of training.