



West Hartford Non-Public School Health Program



NARCAN ADMINISTRATION PROTOCOL

2022 - 2023 School Year

RECOGNIZE:

Observe individual for signs and symptoms of opioid overdose

Suspected or confirmed opioid overdose consists of:

- Respiratory depression evidenced by slow respirations or no breathing (apnea)
- Unresponsiveness to stimuli (such as calling name, shaking, sternal rub)

Suspicion of opioid overdose can be based on:

- Presenting symptoms
- History
- Report from bystanders
- School nurse or staff prior knowledge of person
- Nearby medications, illicit drugs or drug paraphernalia

Opioid Overdose vs. Opioid High

Opioid High	Opioid Overdose
Relaxed muscles	Pale, clammy skin
Speech slowed, slurred, breathing	Speech infrequent, not breathing, very shallow breathing
Appears sleepy, nodding off	Deep snorting or gurgling
Responds to stimuli	Unresponsive to stimuli (calling name, shaking, sternal rub)
Normal heart beat/pulse	Slowed heart beat/pulse
Normal skin color	Cyanotic skin coloration (blue lips, fingertips)
	Pinpoint pupils

(Adapted from Massachusetts Department of Public Health Opioid Overdose Education and Naloxone Distribution)



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RESPOND:

Immediately call for help

- Call for help- Dial 911.
 - Request Advanced Life Support.
- Assess breathing: Perform rescue breathing if needed.
 - Place the person on their back.
 - Tilt their chin up to open the airway.
 - Check to see if there is anything in their mouth blocking their airway, such as gum, toothpick, undissolved pills, syringe cap, cheeked Fentanyl patch.
 - If present. remove it.
 - If using mask, place and hold mask over mouth and nose.
 - If not using mask, pinch their nose with one hand and place your mouth over their mouth
 - Give 2 even, regular-sized breaths.
 - Blow enough air into their lungs to make their chest rise.
 - If you are using a mask and don't see their chest rise, out of the corner of your eye, tilt the head back more and make sure the seal around the mouth and nose is secure.
 - If you are not using a mask and don't see their chest rise, out of the corner of your eye make sure you're pinching their nose.
 - Breathe again.
 - Give one breath every 5 seconds.

Neil Stein, MD

4/1/2022



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REVERSE:

Administer naloxone


Via Intra-Nasal Narcan:

Tilt head back and given spray (4 mg) into one nostril. If additional doses are needed, give in the other nostril.

Remove NARCAN Nasal Spray from the box.
Peel back the tab with the circle to open the NARCAN Nasal Spray.




Hold the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.




Gently insert the tip of the nozzle into either nostril.

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose.



Press the plunger firmly to give the dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.



(Graphic credit: ADAPT Pharma, 2015)

- Place person in recovery position (lying on their side).
- Stay with the person until help arrives.
- Seize all illegal and/or non-prescribed opioid narcotics found on victim and process in accordance with school district protocols.

Note: Using naloxone in patients who are opioid dependent may result in severe opioid withdrawal symptoms such as restlessness or irritability, body aches, diarrhea, increased heart rate (tachycardia), fever, runny nose, sneezing, goose bumps (piloerection), sweating, yawning, nausea or vomiting, nervousness, shivering or trembling, abdominal cramps, weakness, and increased blood pressure. **Risk of adverse reaction should not be a deterrent to administration of naloxone.**



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REFER:

- Have the individual transported to nearest medical facility, even if symptoms seem to get better.
- Contact parent/guardians per school protocol.
- Complete Naloxone Administration Report form.
- Follow up with treatment referral recommendations.

Neil Stein, MD

4/1/2022

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Medical Advisor

Date

References

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