

Leaving Against Medical Advice After Narcan

Hale Borealis Conference

October 2016

Anchorage, Alaska

OPIOIDS

Our current epidemic

- In 2004 opioid use increased and began moving to the top of “the list”, becoming a leading cause of overdoses
- By 2010 the crisis became a national epidemic
- By 2014 the increase of opioid overdoses increased by over 200% from 1998
 - Sources: CDC, USHHS

What are they?

Medications used to relieve pain

How do they work?

- They reduce the perception of pain
- Opioids can also produce drowsiness, mental confusion, nausea, constipation, and can depress respiration

A few of the most
common opioids.....

Oxycontin

- Schedule II narcotic
 - Limited use due to the high potential for addiction and abuse
- OxyContin is an oral medication used to treat moderate to severe pain through a slow, steady release of the opioid.
- People who abuse OxyContin may snort or inject it, thereby increasing their risk of overdose.

Oxycontin

- Dosage
 - Most commonly prescribed 40 mg
 - Effects (half life):
 - Approximately 4 – 5 hours

Vicodin

- Schedule II narcotic
 - Dosage: 5-10 mg
 - Effects:
 - Approximately 3-4 hours
 - Extended release (4-5 hours)

Percocet

- Schedule II narcotic
 - Dosage: 5–10 mg
 - Effects:
 - 3.5 - 4 hours
 - Extended release approximately 4.5 hours

Suboxone

- Buprenorphine and Naloxone (combination medication)
 - Used to treat addiction
 - NOT for pain management

Tramadol

- Schedule IV (Pa. State) pain reliever (Federal: Schedule II)
- Tramadol is a narcotic-like pain reliever
- Tramadol is used to treat moderate to severe pain
 - Dosage: 50-100 mg
 - Effects: 4-6 hours
- May be obtained from veterinarians

Methadone

- Is an opioid
- It reduces withdrawal symptoms in people addicted to heroin or other narcotic drugs without causing the "high" associated with the drug addiction
- It is also used as a pain reliever and as part of drug addiction detoxification and maintenance programs

Fentanyl

- Fentanyl is a synthetic (man-made) opioid that is 50 times more potent than heroin and 100 times more potent than morphine
 - Pharmaceutical fentanyl: primarily prescribed to manage acute and chronic pain
 - Non-pharmaceutical fentanyl: made illegally and is often mixed with heroin and/or cocaine in order to increase the drug's effect.
 - **Usually an indicator in our region of the storm that will follow (increase in OD deaths)

Carfentanil

What is it?

Where does it come from?

What is it used for?



- A synthetic opioid that is 10,000 times stronger than morphine and 100 times more potent than fentanyl
- It is used as an elephant tranquilizer
- Recently introduced into North America from China
 - Shipment intercepted in Canada, June 2016
 - Several overdoses in Northeast and Mid-Western states

Dependence vs Addiction

Is there a difference?

What is it?

Dependence

- Common when managing chronic pain
- An individual depends on the medication for pain relief but does not have a loss of control or compulsion to obtain the medication

Addiction

- Is compulsive drug use that has harmful consequence
- Is the inability to stop using a drug
- Will eventually result in failure to meet work, social, or family obligations
- May lead to tolerance and withdrawal
- May lead to an intentional or unintentional death

Signs and Symptoms of an Opioid Overdose

- History of narcotic or opioid use
- Unresponsive or unconscious
- Slow or depressed respirations
- “Snoring” or partially obstructed upper airway
- Cyanotic lips and/or nailbeds
- Pinpoint pupils
- “Clammy” skin
- **NOTE: those in cardiac arrest share similar symptoms of opioid overdose. If no pulse, CPR

What do you picture when you hear the term “overdose”?



Good Samaritan Laws

Good Samaritan immunity laws provide protection from arrest and prosecution for witnesses who call 911. This policy only protects the caller and victim from arrest and prosecution for simple drug possession, possession of paraphernalia, and/or being under the influence. Such legislation does not protect people from arrest for drug sales or other offenses.

(common terminology for all states that have adopted these guidelines)

Immunity from prosecution

Limited:

Caller must stay with victim

Must be in good faith – not to avoid arrest for other
crimes

By June 22, 2016, all but three states (KS, MT, WY) had passed legislation designed to improve layperson naloxone access.

What are the rules in “my house”?

Alaska Statutes 2015
AS 11.71.140. Schedule Ia.

Naloxone

Aka: “narcant”

A few years ago, only pre-hospital providers could administer in the field; now it is readily available to the general public as an OTC type medication. Some states still require a prescription, but basically can be purchased by anyone. This was specifically designed for those with family members with addictions.

Naloxone (aka: narcan)

- naloxone is a temporary drug (shorter half life than the drug ingested) and may wear off in 20 to 90 minutes
- **medical treatment should be sought after pre-hospital administration**

Administration

- Delivery per manufacturer directions, depending upon device being issued and used.
- Intra-nasal
 - Prefilled syringe and atomizer (1mg/ml – 2mg/syringe)
 - Narcan Nasal spray (4mg/ml)
- Intra-muscular (auto injector) 0.4 mg/dose
 - Audio instructions similar to AED



NARCAN® NASAL SPRAY

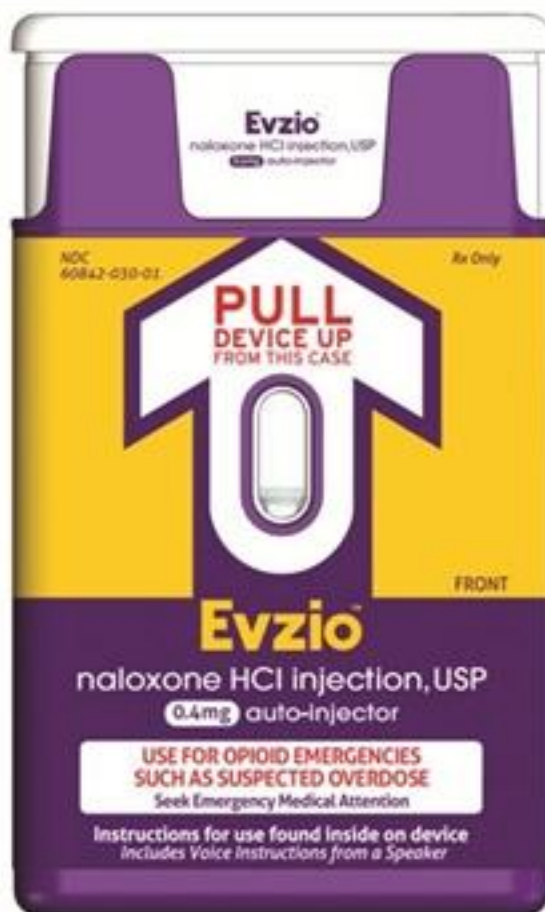
(naloxone HCl)

4 mg

A1014.01

FOR USE IN THE NOSE ONLY
NDC 69547-353-02

EVZIO







Congratulations!

They are awake....now what?

BONUS QUESTION:

How long do the effects of Naloxone last?

Pre-hospital Care

- ABC's
- BLS always takes precedent
 - Initiate CPR if no or slow HR
 - Protect the airway
 - Administer Naloxone (narcan) per protocol
 - Follow up dose as permitted
 - Transport to appropriate medical facility

Refusal of Transport?

- Are they capable of making a rational, informed decision?
- Are they “under the influence”?
- What do you tell Medical Command?
- How can you get them to agree to treatment?

Personal Safety Precautions

- Be aware of the scene!
 - avoid “tunnel vision”
- Universal precautions
- Observe patient and bystanders
- Avoid being judgmental
- Avoid “confrontational” language and gestures

Safety

- Observe body language
- Keep an avenue of escape
- Be aware of any real or potential weapons
- The safety of you and your crew is the first consideration when operating within any hostile environment

U.S. Department of Health and Human Services

<http://www.hhs.gov/>

Data on the Opioid epidemic across the country

Michael A. Sorrentino

sorrentinoma@aol.com

610-972-7357