

Opioid overdose is a serious risk, and anyone who has an opioid in their home should also have the reversal agent. **Naloxone** (often known by brand names like Narcan or Kloxado) can reverse an opioid overdose and save a life. As a nurse, understanding naloxone and how to use it is incredibly important.

Why Naloxone is Key for Postoperative Patients Going Home on Opioids?

Naloxone is a vital safety tool for postoperative patients going home with opioid prescriptions. After surgery, patients may be prescribed opioids to manage acute pain, but they remain at risk for respiratory depression, especially when combined with sedatives, sleep apnea, or reduced mobility. Nurses play a crucial role in discharge education, ensuring patients and caregivers understand how to use naloxone in case of accidental overdose. Providing naloxone at discharge is not a judgment—it's a best practice that aligns with national guidelines and supports nursing efforts to prevent opioid-related harm during recovery at home.

What is Naloxone and How Does It Work?

Naloxone is a safe medication that rapidly reverses the effects of an opioid overdose. It works by blocking opioids from attaching to brain receptors, which quickly restores breathing. It only works on opioids and is harmless if given to someone who hasn't used opioids.

Naloxone usually comes in two forms:

- **Nasal Spray:** This is the most common and easiest to use. You just spray it into someone's nostril.
- **Injectable:** This involves a needle, either pre-filled (like an auto-injector) or needing to be drawn from a vial.

How to Recognize an Opioid Overdose

It's vital to know the signs of an overdose so you can educate patients and caregivers on how to know when to use naloxone. Look for these "clues":

- **Small (Pinpoint) Pupils:** Their pupils might look tiny.
- **Slow, Shallow, or No Breathing:** They might be breathing very slowly, gasping, or not breathing at all. This is the most dangerous sign.
- **Blue or Gray Skin/Lips/Nails:** Their skin, especially lips and fingertips, might look bluish or grayish due to lack of oxygen. This can be harder to see on darker skin tones, so check gums or under fingernails.
- **Unresponsive:** They can't be woken up, even with a firm rub on the chest (sternum rub).
- **Choking or Gurgling Sounds:** They might be making strange noises.
- **Limp Body:** Their body might be very relaxed and unresponsive.

How to Recognize an Opioid Overdose (Cont)



Your Step-by-Step Guide to Using Naloxone (and How to Teach Others!)

You can teach patients these simple steps:

1. Check for an Overdose:

- Shake & Shout:** Strongly shake the person's shoulder and loudly shout their name.
- Rub Sternum:** If no response, firmly rub your knuckles on their breastbone (the middle of their chest). If they don't wake up, assume it's an overdose.
- Call 911:** As soon as you suspect an overdose, call 911 right away. Tell them someone is unresponsive and not breathing. This is the most important step after checking for unresponsiveness.

2. Give Naloxone:

a. Nasal Spray:

- Peel back the package.
- Place the tip of the nozzle into one nostril until your fingers touch the person's nose.
- Press the plunger firmly to give the dose.

b. Injectable (if using pre-filled auto-injector):

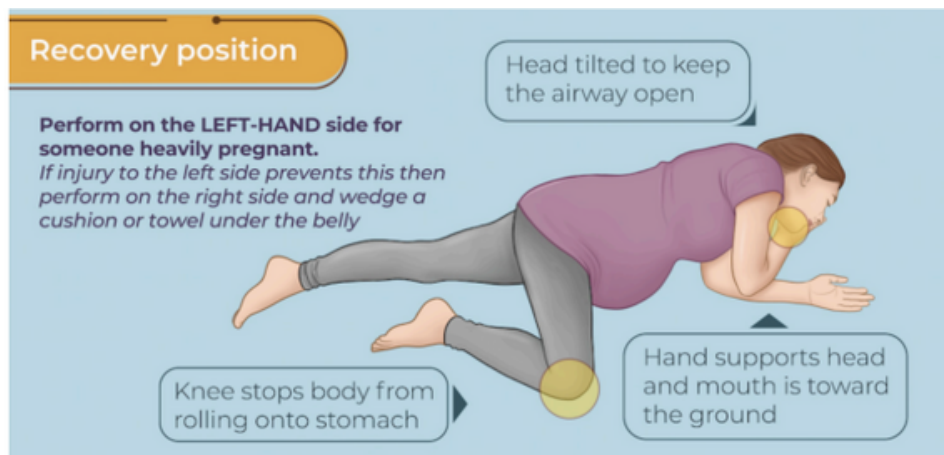
- Follow the device's instructions (often just pressing it against the thigh, even through clothing).

3. Perform Rescue Breathing (if trained and safe):

- If the person is still not breathing or only gasping, start rescue breaths.
- Tilt their head back, lift their chin, pinch their nose, and give 1 breath every 5 seconds.
- This helps get oxygen to their brain while the naloxone takes effect.

4. Stay with the Person:

- Roll them on their side:** If they start breathing or if you have to leave them for a moment, gently roll them onto their side (the "recovery position"). This helps prevent choking if they vomit.
- Monitor:** Naloxone usually works in 2-3 minutes. If they don't respond after 3 minutes, give another dose of naloxone if you have it.
- Wait for Help:** Stay with them until emergency responders arrive. Naloxone wears off in 30-90 minutes, so they could go back into overdose. Medical professionals are needed for follow-up care.



Preventing Overdose Before It Happens

The best way to deal with an overdose is to try and prevent it from happening in the first place. Here are key steps to reduce the risk:

- **Safe Storage:** Every year, two million Americans end up in the hospital due to drug-related injuries, including injuries from medication errors, adverse drug reactions, allergic reactions, and overdoses. Safe and secure storage of medications and other dangerous substances (such as over the counter medications, marijuana products, alcohol, illicit substances) can make a big difference when it comes to avoiding accidental injuries.
 - Recommend that patients check to see if any of their existing prescription medicines are expired; old medication may no longer be safe or effective. Make sure all (new and old) prescription medication is stored in its original packaging with the safety lock tightened and secured.
 - The safe storage of controlled medications is especially important, as they can be dangerous if taken when not prescribed. Recommend that medications are in a locked location, unable to be accessed by others.
- **Safe Disposal:** You should encourage patients to dispose of any unused or expired prescription medicine as soon as possible. Timely disposal of prescription medicine can reduce the risk of others taking the medication accidentally or misusing the medication intentionally. The best and most environmentally friendly way to dispose of prescription medications is through a drug take-back program. The U.S. Drug Enforcement Administration (DEA) periodically provides drug disposal sites in communities across the nation. The DEA also has permanent drug disposal sites in certain pharmacies or hospitals. Get more information about drug disposal and a disposal site locator at **take back day.dea.gov**.
 - If there are no disposal sites locally, there are ways to safely dispose of medication at home.
 - First, patients should read the packaging label on medication. Controlled substances and other medicines can be harmful if ingested by others, so the label might have special disposal instructions to follow.
 - If there are no special disposal instructions, see if the medication is on the U.S. Food and Drug Administration (FDA) “flush” list: <https://www.fda.gov/media/109643/download>. If permitted, immediately flush the medicine down the toilet, and scratch out all personal information on the prescription bottle and recycle/throw away.

Preventing Overdose Before It Happens (Cont)

- If your medication is NOT on the FDA flush list, patients can safely dispose of it in your household trash by following these steps:
 1. Mix the medicine with an inedible substance like dirt, cat litter, or used coffee grounds.
 2. Put the mixture in a container, such as a sealed plastic bag.
 3. Throw the container in the household trash.
 4. Scratch out all the personal information on the prescription label of the empty medication bottle to make it unreadable.
 5. Then dispose of or recycle the empty medication bottle.

Training Patients in Using Naloxone

As a nurse, you have a unique ability to connect with clients and make this training real and relatable. Here's how you can train them:

- **Start with "Why":** Explain why it's important for them to carry naloxone – to protect themselves and their friends.
- **Keep it Simple:** Focus on the key steps: Check, Call, Give Naloxone, Stay. Use clear, easy-to-understand language.
- **Show, Don't Just Tell:** Use a practice naloxone kit (many programs provide these) or a demo device. Let them hold it, touch it, and practice spraying it into the air or on a surface. Repetition builds confidence.
- **Address Fears:** Patients might worry about the safety of using naloxone and what will happen after.
- **Emphasize "Call 911":** Always stress that calling 911 is essential, even if naloxone is given. Naloxone's effects can wear off, and professional medical care is needed.
- **Be Non-Judgmental:** Approach the topic with empathy and understanding. Frame it as a safety tool, like a fire extinguisher.

Scripting Suggestions

Opioid Safety: Storage & Disposal:

Patient: "Once your pain improves after surgery, you may find that you have leftover opioid medication. It's important to store and dispose of these medications safely to protect yourself, your family, and your community. Opioids should be kept in a locked cabinet or secure container, out of reach of children, teens, and others who might accidentally or intentionally misuse them. Never share your medication with anyone else, even if they have similar symptoms—what's safe for you could be dangerous for someone else."

When you no longer need the opioids, dispose of them promptly at a local pharmacy, hospital drop box, or authorized take-back program. Some communities also offer mail-back envelopes or disposal kiosks. Avoid flushing medications unless specifically instructed, as this can harm the environment. **Safe disposal helps prevent accidental overdose, diversion, and misuse, and is a key part of responsible pain management after surgery.**

Opioid Safety: Storage & Disposal (Cont):

Caregiver: “As a caregiver, you play a vital role in helping your loved one recover safely after surgery—including managing their opioid medication. Once their pain improves, they may have leftover pills that are no longer needed. These medications should be stored securely in a locked cabinet or container, out of reach of children, teens, and others who might accidentally or intentionally misuse them. Never share these medications with anyone else, even if they have similar symptoms.

When the opioids are no longer needed, proper disposal is essential. You can take them to a local pharmacy, hospital drop box, or authorized take-back program. Some areas also offer mail-back envelopes or disposal kiosks. Avoid flushing medications unless specifically instructed, as this can harm the environment. **Safe storage and disposal help prevent accidental overdose, misuse, and diversion—and are key steps in protecting your household and community.”**

Naloxone: Opioid Naïve Patients:

Patient: “Many people after having a surgery like your [procedure name], have post-op pain that requires opioid medication for a few days after you leave the hospital. **Since you are a person who does not take this medication on a regular basis, you are more likely to experience side effects.** The most serious side effect of opioids is sedation or reducing your breathing. Naloxone is the antidote in case of too much opioid medication, and can be used to reverse sedation, reduced breathing, or accidental overdose. **I don’t think those things will happen to you when taking the medication as prescribed, but I do want you to have the reversal medication as well in case of emergency.”**

Caregiver: “Many people experience pain after a surgery like your loved one’s [procedure name], and opioid medication is often prescribed for a few days to help manage that pain at home. **Because your loved one doesn’t take opioids regularly, they may be more sensitive to side effects. The most serious risk is sedation or slowed breathing.** That’s why we’re also sending them home with naloxone—a reversal medication that can quickly restore breathing in case of an emergency. **We don’t expect this to happen if the medication is taken as prescribed, but having naloxone available is an important safety measure.** We’ll show you how to use it and make sure you feel confident helping your loved one stay safe during recovery.”

Naloxone: Opioid Tolerant Patients:

Patient: “Many people who take opioid medication regularly—like you—may still need additional pain control after surgery, such as your [procedure name]. Because your body is already used to opioids, managing post-op pain can be more complex, and **sometimes higher doses are needed. This increases the risk of sedation or slowed breathing, especially when combined with anesthesia or other medications.** That’s why we’re also giving you naloxone—a reversal medication that can quickly counteract these effects in case of emergency. I don’t expect you’ll need it if you take your medications as prescribed, but having naloxone at home is a precaution that helps keep you safe.”

Naloxone: Opioid Tolerant Patients (Cont):

Caregiver: “Because your loved one takes opioid medication regularly, their pain management after surgery—like their [procedure name]—may require higher doses or additional medications. This can increase the risk of serious side effects like excessive sedation or slowed breathing, especially in the first few days after discharge. That’s why we’re also sending them home with naloxone, a reversal medication that can quickly restore breathing in case of an emergency. We don’t expect you’ll need to use it, but having naloxone available is a precaution that helps keep your loved one safe while they recover at home. We’ll show you how to use it and answer any questions you have.”

Suggestions: Can also mention concern for pediatric/toddler opioid exposure and accidental ingestion if patient has children or grandchildren at home. Review safe medication storage and disposal options.

Conclusion:

Knowing how to use naloxone is a powerful skill. By sharing this knowledge and empowering others, you directly contribute to saving lives and building safer, healthier communities. Your role as a peer can truly make a difference.