



## Naloxone: Frequently Asked Questions

**1. What are the side effects of naloxone?**

Naloxone reverses opioid overdose and causes withdrawal. The most common symptoms of withdrawal are pain, nausea, vomiting, sweating, and anxiety. Less common are agitation, seizures, or irregular heartbeat. While opioid withdrawal can be dramatic and unpleasant, it is not life threatening.

**2. Can people have violent reactions after naloxone administration?**

It is possible an individual will become agitated and combative after going into withdrawal due to naloxone administration, however this is not likely with the relatively small dose of intranasal naloxone (2ml).

**3. Does naloxone work on cocaine, methamphetamine, benzodiazepines, or alcohol?**

No. Naloxone only works on opioids (heroin, morphine, fentanyl, methadone, etc.). It will not have any effect on someone overdosing on another type of drug. However, if someone is overdosing on opioids AND another drug, naloxone will reverse the opioid part of the overdose and potentially help the person.

**4. What if naloxone is given to someone who doesn't have any opioids in their system?**

There are no adverse effects if someone is given naloxone who doesn't need it. If someone looks like they may be overdosing on opioids (unconscious, slow or no breathing), they should be given naloxone. If opioids are present, it will help; if they aren't, it won't hurt.

**5. What is the difference between IM (injection), IN (nasal spray), or IV (intravenous) naloxone?**

All of these routes of administration are equally effective and can be administered interchangeably to an overdose victim. There is a slightly longer time to onset with IN than IM (and longer than IV). Naloxone is not effective if taken orally. Giving naloxone IN does not involve an exposed needle and therefore can be safer for the person administering it.

**6. How many doses are necessary?**

For most individuals, one dose (2mg IN or 0.4mg IM) is enough to let the person start breathing again. Some people may need more than one dose depending on their tolerance, how much they took, and what opioid they overdosed on. Children and people who overdose on synthetic opioids (fentanyl, suboxone, etc.) are likely to need multiple doses.

**7. Can I be sued for administering naloxone?**

Per, RIGL §16-21-35 ([2015-S 0154A](#), [2015-H 5047A](#)), no school nurse-teacher shall be liable for civil damages which may result from acts or omissions relating to the use of the opioid antagonist which may constitute ordinary negligence; nor shall the school personnel be subject to criminal prosecution which may result from acts or omissions in the good faith administration of an opioid antagonist.

**8. What about people with cardiac issues?**

There are NO contraindications to naloxone in the case of overdose. There are more risks associated with overdose when someone has a chronic health condition, so it is even more important that they get medical attention than someone who is otherwise healthy.

**9. What if someone is pregnant?**

There are NO contraindications to naloxone in the case of overdose. Opioids cross the placenta and affect the fetus. The best way to get oxygen to the fetus is to get oxygen to the mother. When naloxone is given it can induce withdrawal in both the mother and the fetus, therefore they MUST be evaluated in an appropriate medical setting (i.e. a hospital with OB services).

**10. Is rescue breathing 100% necessary?**

People die from opioid overdose because of a lack of oxygen (hypoxia) caused by slow or absent breathing. The only way to prevent permanent damage and death is to get oxygen into the person. Naloxone helps do this by allowing them to breathe on their own, but it takes 3-5 minutes to work. Permanent brain damage can occur after as few as 4 minutes without oxygen. Rescue breathing can provide oxygen until the person can breathe on their own. Always use a mask or barrier device to avoid contact with body fluids.

**11. What about “hands-only” CPR?**

Giving only chest compressions (not breaths) has been shown to be effective for adults who have a primary cardiac event (like a heart attack) and whose heart is not pumping effectively. The American Heart Association still recommends giving rescue breaths for anyone who has a respiratory problem, such as carbon-monoxide poisoning, drowning, and drug overdose. Additionally, in the case of an opioid overdose, the individual's heart is still beating, they just aren't breathing effectively.

**12. What is the shelf-life of naloxone?**

When manufactured, naloxone has approximately a two-year shelf-life. Most of the naloxone that is being distributed has an expiration date 12-18 months in the future. Always check the expiration date on your naloxone (found on the end of the box and on the vial) and follow your department's procedure for exchanging expired or near-to-expiration medications.

**13. How should naloxone be stored?**

Naloxone must be kept at room temperature (59-86°F or 15-30°C). It should never be stored in a refrigerator. It must also be stored out of direct light. If the only naloxone that you have is expired or has been stored improperly, and no other naloxone is immediately available, it may be given to a person experiencing an overdose. It may not be as effective, but it will not cause harm.

**14. Can you direct me to online training resources?**

- <http://noperi.org/index.html>
- <http://prescribetoprevent.org/>

**For more information, contact the Rhode Island Department of Health at 401-222-5960.**