Opioid safety and how to use naloxone

**Common opioids include:**

<table>
<thead>
<tr>
<th>GENERIC</th>
<th>BRAND NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>N/A</td>
</tr>
<tr>
<td>Hydrocodone</td>
<td>Vicodin, Lorcet, Lortab, Norco, Zohydro</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>Percocet, OxyContin, Roxicodone, Percodan</td>
</tr>
<tr>
<td>Morphine</td>
<td>MSContin, Kadian, Embeda, Avinza</td>
</tr>
<tr>
<td>Codeine</td>
<td>TYLENOL with Codeine, TyCo, TYLENOL #3</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>Duragesic</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>Dilaudid</td>
</tr>
<tr>
<td>Oxymorphone</td>
<td>Opana</td>
</tr>
<tr>
<td>Meperidine</td>
<td>Demerol</td>
</tr>
<tr>
<td>Methadone</td>
<td>Dolophine, Methadose</td>
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<tr>
<td>Buprenorphine</td>
<td>Suboxone, Subutex, Zubsolv, Bunavail, Butrans</td>
</tr>
</tbody>
</table>

**TO AVOID AN ACCIDENTAL OPIOID OVERDOSE:**

- Try not to mix your opioids with alcohol, benzodiazepines (Xanax, Ativan, Klonopin, Valium), or medicines that make you sleepy.
- Be extra careful if you miss or change doses, feel ill, or start new medications.

**Now that you have naloxone...**

Tell someone where it is and how to use it.

For patient education, videos and additional materials, please visit [www.prescribetoprevent.org](http://www.prescribetoprevent.org)

*This pamphlet was made available by the San Francisco Department of Health.*
How to identify an opioid overdose:

**Look for these common signs:**
- The person won’t wake up even if you shake them or say their name
- Breathing slows or even stops
- Lips and fingernails turn blue or gray
- Skin gets pale, clammy

In case of overdose:

1. **Call 911 and give naloxone**
   - If no reaction in 3 minutes, give second naloxone dose

2. **Do rescue breathing or chest compressions**
   - Follow 911 dispatcher instructions

3. **After naloxone**
   - Stay with person for at least 3 hours or until help arrives

How to give naloxone: Nasal spray naloxone

1. Take off yellow caps.
2. Screw on white cone.
3. Take purple cap off naloxone cartridge.
4. Gently screw naloxone cartridge into barrel of syringe.
5. Insert white cone into nostril; give a short, strong push on end of cartridge to spray naloxone into nose: ONE HALF OF THE CARTRIDGE INTO EACH NOSTRIL.
6. Push to spray.

If no reaction in 3 minutes, give second dose.

Auto-injector

1. The auto-injector is FDA approved for use by anyone in the community. It contains a speaker with automated voice instructions to inject naloxone into the outer thigh, through clothing if needed. Follow these instructions.
   - If the device doesn’t have automated instruction or if the voice instruction is disabled, follow below instructions. The device should still work.
   - Prepare device – for EVZIO®: Pull off the red safety guard. It’s made to fit tightly. Pull firmly to remove. To reduce chance of an accidental injection, do not touch the base of the auto-injector, where the needle comes out.
   - Hold injector with fisted hand if possible and press firmly against outer thigh, until you hear a click or hiss. EVZIO® can be used through clothing.
   - Continue to hold pressure for a full 10 seconds to ensure full delivery of medication. Note: the needle will inject and then retract back up into the EVZIO® auto-injector and is not visible after use. Do not look for the needle. This will put you at risk for needle stick injury.
   - If no response in 3 minutes, repeat the above instruction with a new auto-injection device.
   - Remain with the person, monitor and support breathing until he or she is under the care of a medical professional, such as a physician, nurse, or EMS.

Doctors may also prescribe Naloxone in injectable form. Check with your healthcare provider.