

Steve Rummeler

HOPE NETWORK

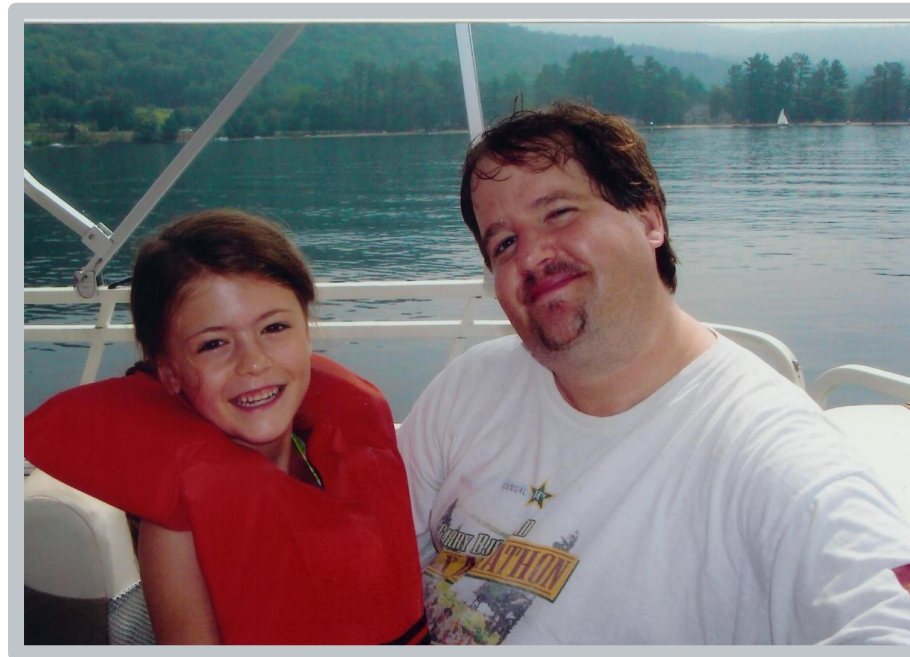
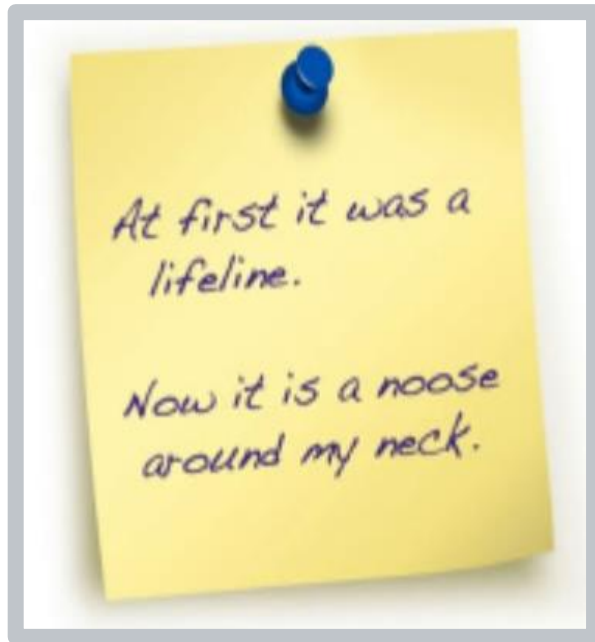
*Providing HOPE for those with
Chronic Pain and Addiction* TM

HOW TO USE NALOXONE

TRAINING FOR NEW TRAINERS

STEVE RUMMLER

- Steve Rummler suffered from chronic pain and addiction to his prescribed pain medications. He died of an accidental overdose. A note with the words below was found among his belongings.



STEVE'S STORY

Steve's Story with Facts about the Epidemic - 7 minutes

OUR MISSION

**TO HEIGHTEN AWARENESS
OF THE OF THE DISEASE OF ADDICTION AS IT
RELATES TO THE PHYSICAL AND EMOTIONAL
BURDENS OF CHRONIC PAIN AND TO IMPROVE
THE ASSOCIATED CARE PROCESS**

OUR VISION

A world where individuals with chronic pain receive integrated care focused on wellness rather than drugs, and those with addiction have easy access to compassionate evidence-based treatment.

OUR GOALS

1. A public that wants action to end the epidemic of addiction and overdose deaths.
2. Healthcare professionals who are educated in and practice responsible prescribing and who provide treatment focused on wellness rather than drugs.
3. An environment that empowers those affected by addiction to seek the help and support they need without shame or judgement.

STATISTICS

- **Drug overdose is the leading cause of accidental death in the U.S.**, with 70,237 lethal drug overdoses in 2017 Opioids were the cause of 66% of those deaths – 15,482 deaths related to heroin and 32,118 were prescription and/or synthetic Opioids.
 - During 2017, fatal overdoses involving all opioids, including heroin, topped 47,000. That is roughly **1 person approximately every 11 minutes**.
- Since 2000, more than **500,000** Americans have lost their lives to an opioid overdoses.

MINNESOTA STATISTICS

- Overdose deaths increased 9.2 percent between 2016 and 2017.
- Deaths increased from 637 in 2016 to 694 in 2017 (422 opioid related overdose deaths)
- In 2017, more than half of all Opioid Overdose Deaths were related to prescription and/or synthetic Opioids rather than illegal street drugs.
- Opioid pain relievers 194 (2016)
- Heroin 150 (2016)
- Psychostimulants like methamphetamine 140 (2016)
- Benzodiazepines like valium 103 (2016)
- Cocaine 44 (2016)
- Death rates related to all of these drug categories over the past five years, except for cocaine deaths, are rising.

SOLUTIONS

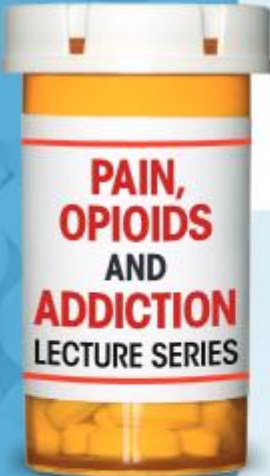
Programs:

- Prescriber Education
- Advocacy
- Overdose Prevention

PAIN, OPIOIDS AND ADDICTION LECTURE SERIES

The Minnesota Medical Association (MMA), the Steve Rummier Hope Network (SRHN), and the University of Minnesota Medical School are collaborating to bring medical education on the topic of opioids to medical students, residents, and practicing doctors. The lectures are recorded live at the University of Minnesota Medical School and made available for CME on the MMA website, with underwriting by the SRHF. The hope of the series is to create a medical curriculum on pain, opioids, and addiction, as it should be in a medical school setting: balanced, practical, evidence-based information free of commercial bias.

For more information: <http://steверуммлерхорепетворк.org/our-causes/>



PAIN, OPIOIDS AND ADDICTION LECTURE SERIES

The Pain, Opioids and Addiction lecture series will provide physicians and other providers with valuable information on topics related to pain management, opioid prescribing and addiction.

Through this lecture series, learn how to:

- Assess a patient's pain and function
- Make informed treatment decisions
- Recognize and manage addiction

ALL LECTURES ARE FREE

Want to make this lecture series available within your organization?

Contact us at CME@MNMED.ORG to discuss the options available.

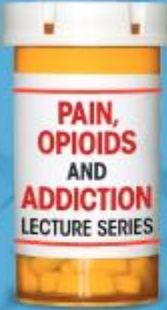
For more information on each lecture, visit MNMED.ORG/PAINSERIES

ABIM CME MOC ACCREDITED
These activities have been approved for AMA PRA Category 1 Credit™

MINNESOTA MEDICAL ASSOCIATION

Steve Rummler HOPE NETWORK
The University of Minnesota Medical School

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PAIN, OPIOIDS AND ADDICTION LECTURE SERIES

The Pain, Opioids and Addiction lecture series

Topics featured in the lecture series

- A Differential Diagnosis for Pain, Charles Rasmhoff, MD
- An Editorial on Pain, Bret Jacobs, MD, MBA
- How to Choose an Opioid, Practical Pharmacology, Charles Rasmhoff, MD
- How to Safely Prescribe Buprenorphine, *NEW*, Charles Rasmhoff, MD
- Opioid Addiction and Pain, A Quizgame for Healthcare Professionals, Marvin D. Seppala, MD
- Opioid Addiction in Pregnancy, Amy Langerweil, MD, APRN, CHM, PHN, SANE-A
- Opioid Prescribing in Primary Care, *NEW*, David C. Wesson, MD
- Opioid Therapy for Chronic Pain, Erin E. Krebs, MD, MPH
- Pain Management in the Emergency Department, James R. Miner, MD, FACP
- Pain Psychology, Mental Status Exam and Non-Opioid for High Risk Patients, Charles Rasmhoff, MD; Aditya Richemont, PhD, LP; Sebastian Klotzsch, MD
- Symmetry and Asymmetry in Addiction Medicine, *NEW*, Joseph Westermeyer, MD, MPH, PhD
- Ten Tips to Safely Prescribe Controlled Substances, *NEW*, Charles Rasmhoff, MD
- The Opioid Epidemic, *NEW*, Chris Johnson, MD
- What is Buprenorphine?, Charles Rasmhoff, MD

ALL LECTURES ARE FREE

For more information on each lecture, visit MNMED.ORG/PAINSERIES

MINNESOTA MEDICAL ASSOCIATION

Steve Rummler HOPE NETWORK
The University of Minnesota Medical School

STEVE'S LAW

- In 2014, the Minnesota State Legislature passed “Steve’s Law” allowing firefighters and other first responders to administer naloxone to a person who is exhibiting the signs of an opioid overdose
- The law allows all laypeople to carry and administer naloxone when acting in good faith to save a life.
- The law provides limited immunity from prosecution when administering naloxone
- The law allows all prescribers to prescribe naloxone to a third party.

OVERDOSE PREVENTION PROGRAM

- The Steve Rummler Hope Network (SRHN) under the medical direction of Dr. Anne Pylkas has five ways in which we can partner with you to assist your community in preventing opioid overdose deaths.
 1. **Healthcare facilities, MAT Clinics, and Detox Centers.**
 2. **Treatment Centers and Sober Living Facilities.** (This portion of our program is two tiered)
 3. **Community Member Naloxone Training**
 4. **First Responders.**
 5. **Treatment Court (Formerly known as Drug Court)**

OVERDOSE PREVENTION

- **I) Healthcare facilities, MAT Clinics, and Detox Centers.**

The SRHF partners to provide kits to these facilities to be given to individuals that have survived an opioid overdose or are at risk of an overdose; kits are also offered to their family members or loved ones.

OVERDOSE PREVENTION

- **2) Treatment Centers and Sober Living Facilities.** This portion of our program is two tiered:
 - A) Train all staff and have naloxone on-site at every facility.
 - B) Educated clients and their family members/loved ones about Steve's Law and provide them with access to naloxone kits.

OVERDOSE PREVENTION

■ 3) Community Member Naloxone Training

- Colleges/Schools, Churches, Rotary, Town Forums, Individual House Gatherings, etc...). We are happy to offer trainings wherever needed.

OVERDOSE PREVENTION

- **4) First Responders.** We support all first responder agencies (including law enforcement and volunteers) in three ways:
 - A) We will connect your agency with your EMS Region head to assist you in receiving state provided support.
 - B) We will provide naloxone training for you agency or train staff to be trainers.
 - C) You can utilize the SRHF's standing order so that your agency can house and dispense naloxone; this eliminates the need for your agency to have a medical director. If your agency has a medical director we can provide support documentation of the law and examples of standing orders in support of your medical director creating a standing order specific to your agency.

OVERDOSE PREVENTION

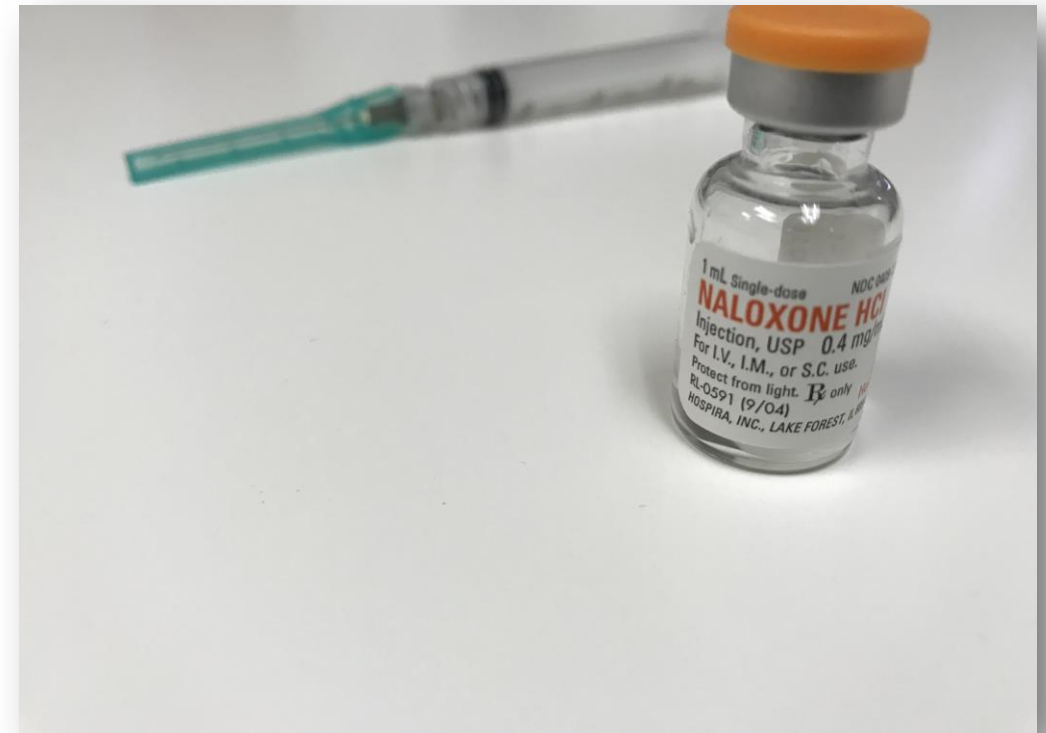
- **5) Treatment Court (Formerly Drug Court):** We provide training and naloxone for individuals in the drug treatment program.

OBJECTIVES

- In this slide set, you will learn:
 - What naloxone (Narcan) is
 - How it works when administered to a person who has overdosed
 - How to recognize the signs of an opioid overdose
 - When to give naloxone to a person who has overdosed
 - THIS IS NOT A CPR CLASS

NALOXONE

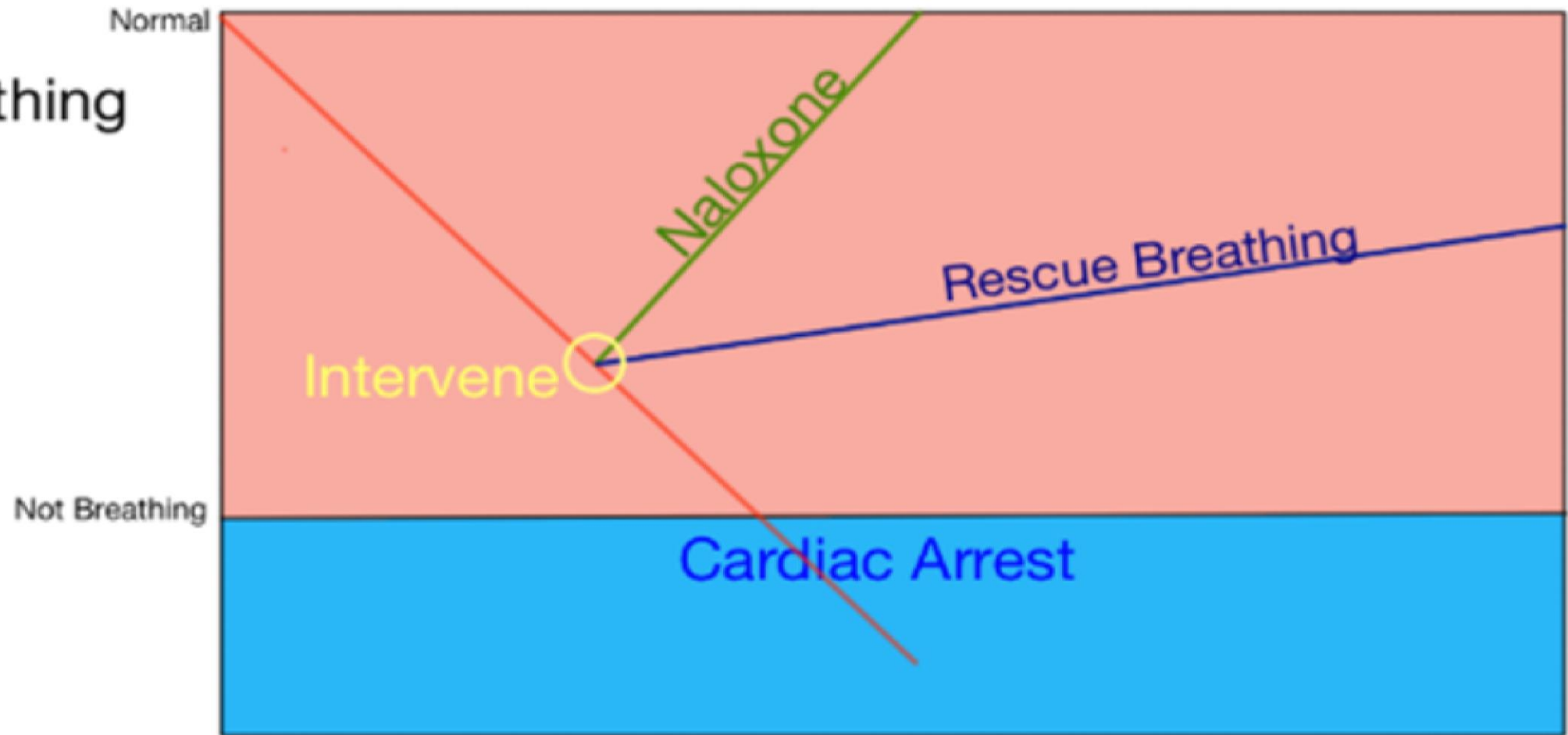
- Naloxone is a medication available in all hospitals and most ambulances.
- It acts in the brain to immediately reverse the effects of the opioid the person has taken
- It last about 45 minutes before it is cleared from the body



WHY DO PEOPLE DIE?

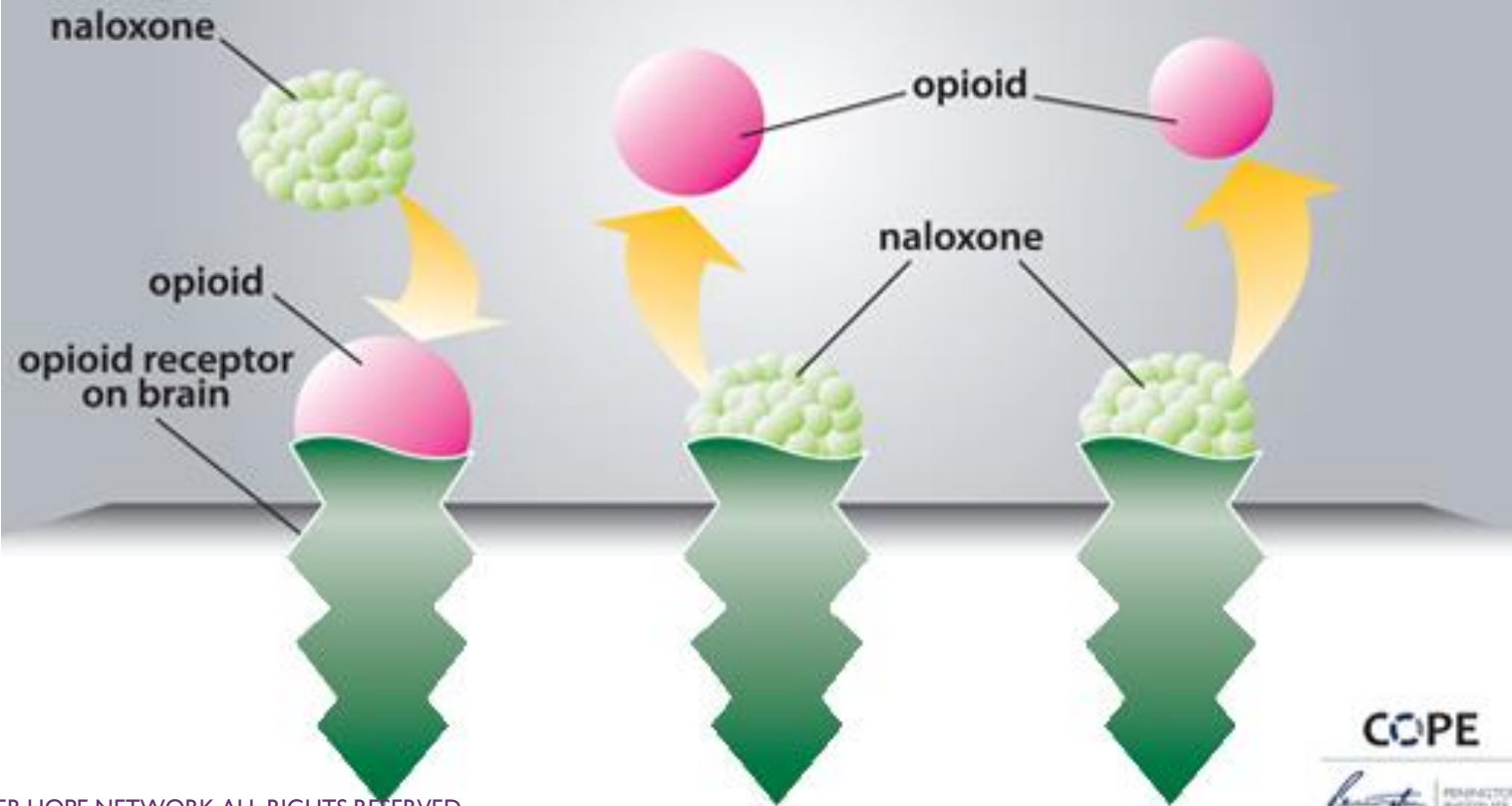
1. Too much heroin or other opioids causes people to become very sleepy.
2. As they get sleepier, their breathing becomes slower and more shallow.
3. This leads to low oxygen levels which causes damage to the heart and brain.
4. Eventually, the heart slows down and stops

Breathing
Rate



Naloxone reversing an overdose

Naloxone has a stronger affinity to the opioid receptors than opioids, such as heroin or oxycodone, so it knocks the opioids off the receptors for a short time (30-90 minutes). This allows the person to breathe again and reverse the overdose.



NALOXONE WILL HELP WHEN...

The overdose is Due to the following:

- Heroin
- Morphine
- Hydromorphone (Dilaudid)
- Oxycodone (Oxycontin, Percocet)
- Hydrocodone(Norco,Vicodin)
- Fentanyl and Carfentanil
- Buprenorphine
- Codeine
- Methadone



NALOXONE WILL HAVE NO EFFECT WHEN...

The Overdose is from:

- Alcohol
- Benzodiazepines
 - Valium, ativan, xanax, klonopin, ambien
- Antidepressants
 - Paxil, prozac, lexapro, wellbutrin
- Other mental health medications
- **Although you may not know what the overdose is from, it may be beneficial to administer naloxone. If opioids have been taken with a combination of other drugs the naloxone will negate the opioid effects and could save a life.**

TYPES OF ADMINISTRATION

- This medication can be given multiple ways
 - You may hear about it being sprayed in a person's nose
 - It can be given in an IV when under the care of medical providers
- The medication is the same
- We recommend the intramuscular method for your use since it is the least expensive form.

SIDE EFFECTS

- When used, the person will likely develop symptoms like vomiting, sweating and shortness of breath
 - These are essentially symptoms of withdrawal from the opioid and are not unexpected
- The benefit of naloxone, even with its possible and **rare** side effects, especially in this setting (severe opioid toxicity in the prehospital environment), clearly outweighs the risk(s).

CAN NALOXONE BE DANGEROUS?

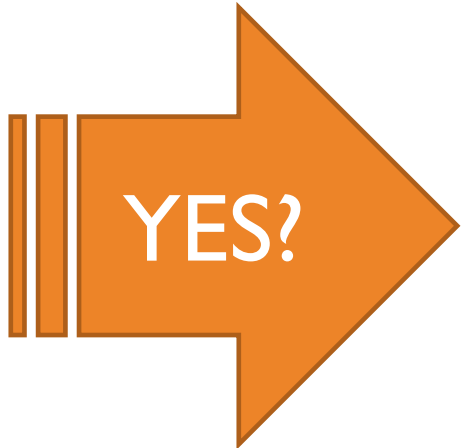
- What if the person is only sleeping?
 - Naloxone will cause no harm
- What if the person is under the influence of another substance
 - Naloxone will cause no harm

WHAT DOES AN OVERDOSE LOOK LIKE?

- Persons who have taken too much opioid pain killers or heroin will have many of the following findings when you observe them
 - Slow or shallow breathing
 - Gasping for air when sleeping
 - Pale or bluish skin
 - Slow heartbeat, low blood pressure
 - Won't wake up or respond (sternal rub)

ACT FAST!

- When you find someone who you think has overdosed, look for the tell tale signs.
 - Are they sleepy and cannot be woken up?
 - Is their breathing very slow or absent?
 - Are their pupils very small?



YES?

**Call 911! Steve's
Law protects
you.**

Steve's Law
provides limited
immunity from
prosecution.



IM ADMINISTRATION

INSTRUCTION CARDS IN EVERY KIT

DON'T RUN-CALL 911 HOW TO USE NALOXONE



1

Are they breathing?

Signs of an overdose:

- Slow or shallow breathing
- Gasping for air when sleeping or weird snoring
- Pale or bluish skin
- Slow heartbeat, low blood pressure
- Won't wake up or respond (rub knuckles on sternum)



2

Call 911 for help

All you have to say:
"Someone is unresponsive and not breathing."
Give clear address and location.



3

Airway

Make sure nothing is inside the person's mouth.



4

Rescue breathing

Oxygen saves lives. Breathe for them.

- One hand on chin, tilt head back, pinch nose closed
- Make seal over mouth, breathe into mouth
- 1 breath every 5 seconds
- Chest should rise, not stomach

Continued on reverse

5



Evaluate

Are they any better? Can you get naloxone and prepare it quickly enough that they won't go for too long without your breathing assistance?

6



Prepare Naloxone

- Remove cap from naloxone and uncover needle
- Insert needle through rubber plug, with bottle upside down.
- Pull back on plunger and take up 1 cc into the syringe.
- Don't worry about air bubbles (they aren't dangerous in muscle injections)

7



Muscular Injection

Inject 1 cc of naloxone into a big muscle (shoulder or thigh)

8



Evaluate & Support

- Continue rescue breathing
- Give another shot of naloxone in 3 minutes if no or minimal breathing or responsiveness
- Naloxone wears off in 30-90 mins.
- Comfort them; withdrawal can be unpleasant
- Get them medical care and help them not use more opiate right away
- Encourage survivors to seek treatment if they feel they have a problem



PRIOR TO NALOXONE INJECTION

- Attempt to wake the person by yelling or shaking them
- Call 911
- Open the SKOOP kit and take out the items
- Put on the gloves
- Provide 2 rescue breaths using the mask or rescue breathing aid

RESCUE BREATHS

- One hand on chin, tilt head back, pinch nose closed.
- Make seal over mouth, breathe into mouth
- 1 breath every 5 seconds
- Chest should rise, not stomach



PREPARE THE NALOXONE

- Attach needle to the syringe if they not already packaged together
- Remove the plastic top from the vial of naloxone
- Insert the needle into the vial through the rubber center
- The vial should be upside down and the tip of needle below the liquid line of the medication.
- Pull the plunger of the syringe back while keeping the tip of the needle in the liquid inside the vial
- Remove the needle from the vial

ADMINISTER NALOXONE

1. Expose the skin of the upper arm or thigh and use the alcohol to clean the area
 - If you cannot expose the skin, it is acceptable to push the needle through a layer of clothing
2. Push the needle straight into the skin and inject the medication
3. Remove the needle and place in a safe container or give to the ambulance staff
4. Check the person's breathing and provide more breaths while waiting for the effects of the naloxone

NALOXONE INJECTION SITES



Shoulder

Thigh

Buttocks (upper,
outer quadrant)

ADMINISTER NALOXONE

- If there is no improvement in the patient condition after 2 minutes, it is reasonable to administer a second dose of naloxone.
- Follow steps 1-4, giving a second dose of naloxone.
- Be sure to provide rescue breaths throughout the repeated administration of naloxone

WAIT FOR HELP TO ARRIVE

- If the patient wakes up, do not interfere with their actions
- Stay with the patient until help arrives.



EVZIO AUTO-INJECTOR

NALOXONE ADMINISTRATION

EVZIO

- Think combination EPI-Pen and AED
- Available by prescription
- Cost is high, around \$4,800.
- The SRHN has received some as a donation



EVZIO USE

- The device has audible instructions that start when the safety cap is removed
- Follow the very simple directions



EVZIO

- The EVZIO naloxone is no different than other sources.
- It is a 0.4mg dose, just like what is given in the typical IM dose.
- Use the same injection locations such as thigh or upper arm
- The device is **ONE-USE ONLY**.



INTRANASALLY – ATOMIZER

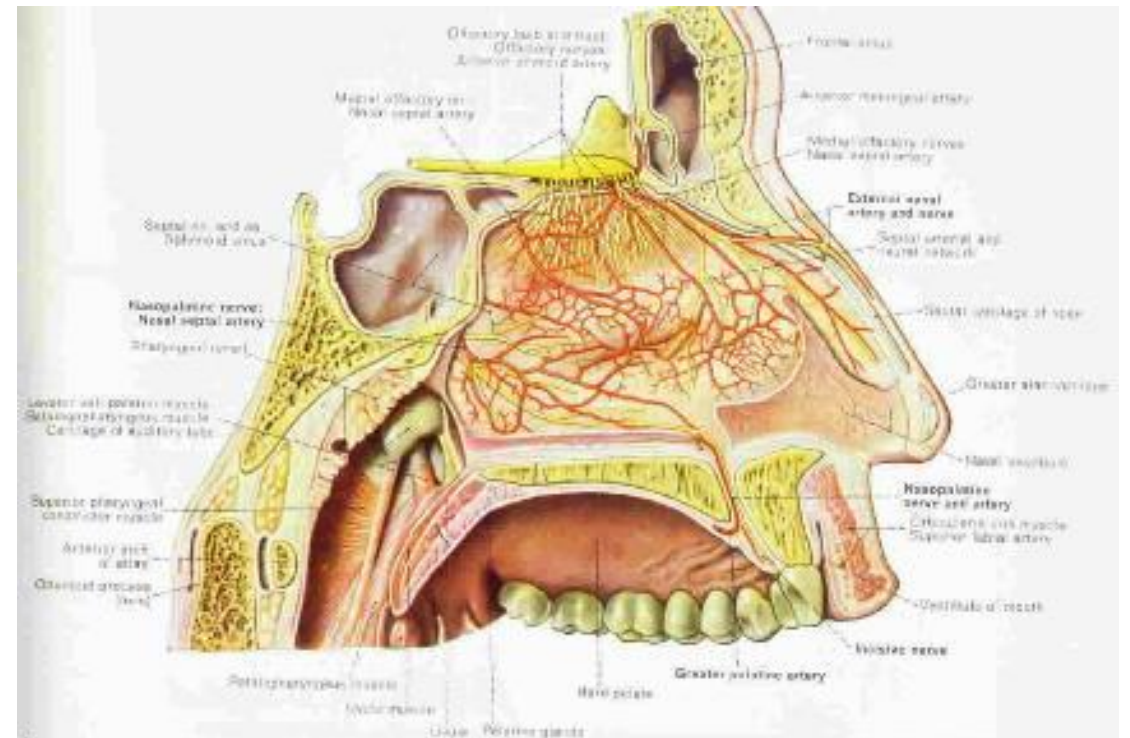
NALOXONE ADMINISTRATION

NALOXONE ATOMIZER



WHY THE NOSE?

- The nose is a perfect place to absorb medication
- Nasal mucosa gets more blood flow per unit of area than the liver or brain



MANY FORMS OF NALOXONE

**2ml of 1mg/1ml
concentration**



NASAL ADMINISTRATION

- Ensure the persons nose is relatively clear
- Attach the medication vial to the syringe
- Attach the atomizer to the syringe
- Place the atomizer snugly against the nostril opening.
- Briskly push the medication vial into the syringe, dispensing $\frac{1}{2}$ of the medication into one nostril and the other half into the other nostril, dispensing 1 mL into each nostril.
- Repeat with another dose after 2 minutes if there is little or no response.



Make sure to
call 911!



NARCAN® NASAL PRODUCT

NARCAN® ADMINISTRATION



*The ONLY FDA approved nasal administration of naloxone as of November 2015

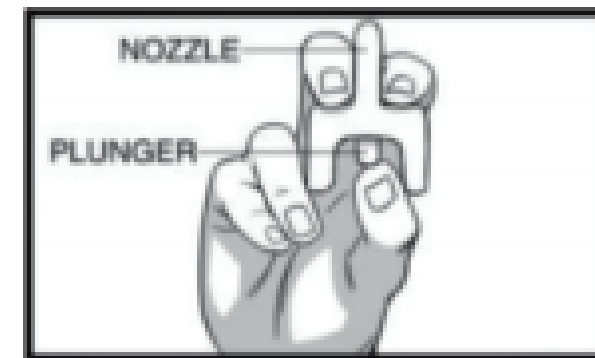


SAME FIRST STEPS

- 1) Are they breathing? – Remember the signs of an overdose
- 2) Call 911 right away!
- 3) Check the airway and give rescue breaths

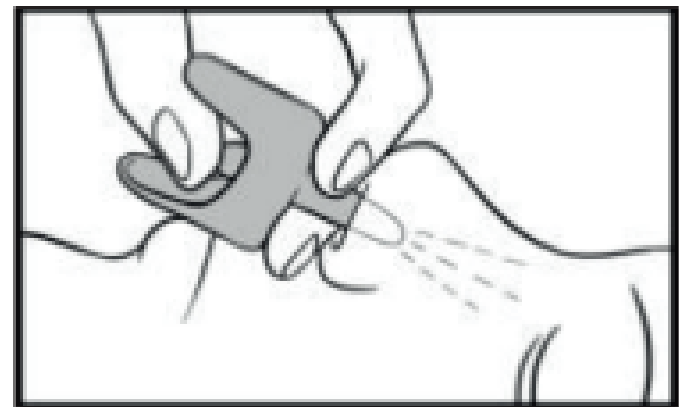
ADMINISTER NARCAN®

- **Step 1)** Lay the person on their back to receive a dose of NARCAN Nasal Spray.
- **Step 2)** Remove NARCAN Nasal Spray from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.
- **Step 3)** 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.



ADMINISTER NARCAN

- **Step 4)** 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.
- **Step 5)** Press the plunger firmly to give the dose of NARCAN Nasal Spray
- **Step 6)** Remove the NARCAN Nasal Spray from the nostril after giving the dose.



- 
- 
- Administer another dose in the same fashion if there is little or no response after 2 minutes.

ADDITIONAL INFORMATION

- NARCAN Nasal Spray is distributed by Adapt Pharma, Inc. Radnor, PA
19087 USA
 - www.narcannasalspray.com
 - (1-844-4NARCAN)

HOW WILL THE VICTIM REACT?

- It is hard to know what emotions or behaviors a person will have upon waking up from an opioid overdose.
- If they have been without oxygen for a while, they may be confused, agitated or stay very sedated but breathing
 - Remember to call 911 early to ensure help for the patient is coming

HOW WILL THE VICTIM REACT?

- Some people will have emotions of anger, embarrassment, frustration or sadness.
- None of these possibilities should cause you to delay giving naloxone if the patient truly needs it.

MEDICATION STORAGE

- Naloxone should be kept at room temperature
 - Do not let it freeze in your car
- It should be protected from light
 - The SRHF kit protects it well.
- Naloxone does have a two year FDA required expiration date.

WHAT HAPPENS IF I NEED MORE NALOXONE?

- If your naloxone has expired or you have used your kit, please feel free to contact us with inquiries regarding reordering or retraining.

DISPOSAL

- Used syringes:
 - At home - Store your needles and sharps in a rigid, puncture resistant, plastic container with a screw-on lid. Examples include empty laundry detergent bottles with screw-on lids. You can also purchase a sharps disposable container from a pharmacy. Do NOT use a glass container.
 - Most counties have sharps drop off locations. Check with your county for more information.
 - You can also use a mail in service.
 - Give to First Responder
- Naloxone:
 - Naloxone is not toxic and may be disposed of in your household trash, however, be aware of who could find the used vials (kids and pets)
 - Give to First Responder

SAVE A LIFE

- You cannot harm someone by giving them naloxone
- *In many cases, you will save a life.*

The ONLY thing
Narcan
enables is
breathing.

www.facebook.com/heroindoesntcare

Heroin Doesn't Care so we have to

WHAT YOU CAN DO

- Advocate for yourself and your loved ones with prescribers, doctors, dentists, within health care services; and ask about naloxone.
- Talk to your local first responders.
- Talk to your local schools, churches and groups.
- Pick three individuals that you will discuss the disease of addiction with this week.
- Participate in advocacy efforts to change laws and reduce stigma (share your stories).
- Carry naloxone now and help other to do the same.
- Help your agency or work place have naloxone and information on the solutions.



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