

Opioid overdose in older people

Recognising it in someone taking prescribed opioids, and what to do

If an older person cannot be roused, or their breathing has slowed: call 000 and ask for an ambulance, give naloxone if it is available, and stay with them until help arrives.

Overdose is not only an illicit opioid risk. Oxycodone, morphine, codeine, tramadol, fentanyl and buprenorphine patches are all opioids, and the risk rises with age as the body clears them more slowly.

What raises the risk?

- A recent dose increase, a new opioid, or a change of medicine
- Coming home from hospital, where doses are often adjusted
- Combining use with benzodiazepines, sleeping tablets, pregabalin or gabapentin
- Alcohol, including a modest amount
- Declining kidney or liver function, COPD or sleep apnoea
- Confusion about dosing, doubling up, or taking an extra dose for breakthrough pain
- A new patch applied before the old one is removed

What does it look like?

- Unusually drowsy, or very hard to rouse
- Slow, shallow or noisy breathing
- New snoring or gurgling sounds
- Confusion, slurred speech, or an unexplained fall
- Blue or grey lips, fingernails or face
- Small pupils, and cold, pale or clammy skin

This is easily mistaken for delirium, a stroke, low blood sugar or an infection. If you are not sure, treat it as an overdose.

What to do: DRSABCND

- D** **Danger.** Check the area is safe for you before you get close.
- R** **Response.** Say their name loudly. Squeeze their shoulders. Ask them to open their eyes.
- S** **Send for help.** Call 000 and ask for an ambulance. Put the phone on speaker so your hands stay free.
- A** **Airway.** Open the mouth and check nothing is blocking it, including dentures that have come loose. If something is, roll them onto their side and clear it.
- B** **Breathing.** Tilt the head back. Look, listen and feel for two normal breaths in 10 seconds. If they are breathing, roll them onto their side and watch them. If not, give two rescue breaths.
- N** **Naloxone.** Give it now if there is any in the home, following the steps overleaf. Note the time.
- C** **CPR.** If there is no naloxone, or no response, start CPR. Push hard on the centre of the chest, about 5cm deep, at 100 to 120 pushes a minute, which is faster and harder than most people expect. 30 pushes to 2 breaths.
- D** **Defibrillator.** If one is nearby, turn it on and follow the voice prompts.

If you do not want to give breaths, just do the compressions. Compressions alone are far better than nothing. Keep going until the person responds or the ambulance arrives.

Naloxone

Naloxone temporarily reverses an opioid overdose. It works within minutes, it cannot be misused, and it will not harm someone who has not taken opioids. If you are unsure what has happened, giving it is the safer choice.

It is free and no prescription is needed. Anyone can collect it from a participating pharmacy, including a family member or a service, for use with someone else. Older people on regular opioids, and their families, are exactly who it is intended for.

Nasal spray (Nyxoid)	Pre-filled syringe (Prenoxad)
<ol style="list-style-type: none"> 1. Take one spray from the pack. Do not test it first. It holds one dose only. 2. Lay the person on their back and check the nostrils are clear. 3. Put the nozzle in one nostril and press the plunger once. 4. For a second dose, use the other spray in the other nostril. 	<ol style="list-style-type: none"> 1. Pull off the red strip, twist the box to break the seal and open it. 2. Take out the syringe, unscrew the rubber cap and screw on a needle. 3. Put the needle straight into the muscle of the upper outer arm or thigh, and press the plunger to the next black line only. 4. The syringe holds five doses. For a further dose, fit the spare needle and go to the following line.

Naloxone is also supplied in glass ampoules, drawn up with a syringe and given in full. Whichever form you have, the injection goes into the muscle of the upper outer arm, thigh or buttock, straight in at a right angle. There is no need to remove clothing.

If nothing happens, give more. If the person is still not breathing or responding after 2 minutes, give another dose, and keep going every 2 minutes until they come round or the ambulance arrives. Once they are responding, stop.

After you have given it

- **Stay with them.** Naloxone lasts 30 to 90 minutes. Many prescribed opioids, especially slow release tablets and patches, last far longer, so the person can deteriorate again once it wears off.
- Always call 000, even if they wake up and seem well.
- Once they are breathing on their own, roll them onto their side and keep watching their breathing.
- **Tell the ambulance crew everything the person is prescribed,** including patches, over the counter medicines and anything taken for sleep. Have the medicine list or dose administration aid ready.
- Waking up can feel unpleasant. The person may be confused, distressed or in pain. Explain what happened and keep them calm.

Following up

- Report the event through your service, and make sure it reaches the person's GP.
- A medication review by a doctor or pharmacist is the single most useful next step, particularly where opioids and sedatives are prescribed together.
- **Alcohol and Drug Information Service (ADIS): 1800 177 833.** Free and confidential advice, 24 hours a day, for workers, families and older people themselves.

Resuscitation guidance follows ANZCOR. General information only, not medical advice. In an emergency, always call 000.