Opioid Overdose Recognition and Naloxone Use

NICE NG193 (2021) | NICE MPG41 | NHS England Naloxone Guidance

ACTION: Call 999 Immediately

- ☐ Not breathing normally, or breathing is slow, shallow, or absent: start CPR if trained and follow 999 call-handler instructions
- ☐ Unresponsive, unconscious, or cannot be roused
- ☐ Gurgling, snoring, or signs of airway obstruction
- ☐ Blue-tinged lips or fingertips, pale or clammy skin (cyanosis)
- ☐ Drowsy with suspected opioid use: do not leave alone, call 999

Open and maintain airway. If breathing normally: recovery position. If NOT breathing normally: CPR first, then naloxone when available. All patients need ambulance assessment even after apparent recovery.

OVERDOSE: Pharmacy Response Framework

O	**Observe breathing**	Slow, shallow, or absent breathing is the life-threatening sign. Rate and depth determine urgency.
V	**Voice and rouse**	Call name, try to rouse. No response to voice or touch requires immediate action.
E	**Emergency: call 999**	Call 999 first. Do not delay to attempt naloxone.
R	**Recovery position or CPR**	Breathing normally: recovery position. Not breathing normally: CPR.
D	**Do not leave them**	Stay at all times. Never allow a drowsy patient to leave unaccompanied.
O	**Open airway**	Maintain airway throughout. Loss of muscle tone causes obstruction rapidly.
S	**Supply naloxone**	Administer per product instructions and local protocols. Repeat doses may be needed.
E	**Effects may return**	Naloxone wears off before the opioid. Patient may also become agitated or withdraw after dosing.

ACTION: Monitor and Escalate

- ☐ Supervised methadone patient unusually sedated: do not allow to leave; call 999 or seek urgent advice
- ☐ Prescribed opioid patient unexpectedly sedated, especially after dose increase or new sedating medicine added
- ☐ Recently released from prison, post-detoxification, or post-abstinence: tolerance reduced, overdose risk high
- ☐ Opioids combined with alcohol, benzodiazepines, pregabalin, gabapentin, or z-drugs: additive risk

ACTION: Take-Home Naloxone Supply

- ☐ Supply to: people at risk of overdose, and family members, carers, or others likely to witness an overdose
- ☐ Proactively offer to: patients on opioid substitution therapy, high-dose opioids, opioids with benzodiazepines or gabapentinoids, or with history of overdose
- ☐ Counsel on: calling 999, giving naloxone per product instructions, recovery position, staying with person, repeat doses

Commissioning arrangements vary across the UK. Check local protocols for your area.

Key reminders: Call 999 first, always. Breathing rate is the priority: slow, shallow, or absent breathing requires CPR before naloxone. Absence of pinpoint pupils does not exclude overdose. Naloxone wears off before the opioid; never leave a patient alone after dosing. Patients may become agitated or experience withdrawal after naloxone.

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