

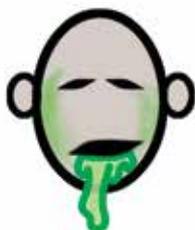
Information Sheet

Overdoses & Emergencies



Date: 14/04/2014
Version: 1.0

Overdoses of depressant drugs often involve breathing difficulties, while overdoses of stimulant drugs can involve heart attacks or fits. Because of this, you may need to do different things to help someone. What you should do depends on their appearance and behaviour.



Vomiting/feeling unwell: vomiting is usually nature's way of telling you've had too much. If somebody is unwell, don't give them anything to eat and only let them drink water (never force them to drink anything). If after vomiting they want to sleep, let them but keep your eye on them. **Make sure they are lying on their side (see the recovery position on next page.)**



Bad trip/freak out/paranoia: if somebody is having a frightening or disturbing drug experience or have become very paranoid, take them somewhere that is quiet where they feel safe (ideally a low stimulus environment and not a dance floor in a nightclub). Try to calm and reassure them (*"it will pass - the drugs will wear off"*). This can take hours, so be prepared to be patient. If they become panicky and you notice them breathing very fast, get them to control their breathing by slowing it down or breathing into a paper bag. If any of these disturbing experiences carry on after the drug has worn off, they need to speak to a doctor or drug service.



If they are having a 'fit': make sure the area is safe and there is nothing they could hurt themselves on. **Call an ambulance.** Be sure to inform the paramedics if the fit stops and starts, if it doesn't stop within a couple of minutes or if the person turns blue.



If they are overheating: cool them down by removing outer clothing; fan them; use a wet cloth on their skin; take them outside or somewhere cool. If they are conscious allow them to sip water or a non alcoholic drink. **Call an ambulance.**

**Do not use very cold water, this can repel the superficial blood vessels deeper into the body and prevent heat loss. Even lukewarm water is fine as it mimics the temperature of sweat, the body's natural way to reduce temperature.*



Serotonin syndrome: Serotonin syndrome can kill if it is not dealt with quickly by **calling for an ambulance.** Serotonin syndrome is a result of your body releasing too much of the neurotransmitter serotonin. It can be triggered by a number of different drugs. The most severe cases involve interactions of drugs that release serotonin, such as MDMA (ecstasy) and a range of other drugs known as 'serotonin re-uptake inhibitors'.

The main symptoms of serotonin syndrome are: rigid, jerky, twitchy unusual movements, often involving the legs shaking; fully dilated pupils; overheating; shivering; racing heart; the person appearing agitated and confused. If in doubt, ring for an ambulance.

It is important if they have rigid, jerky movements, not to hold people down because of the risk of muscle tissue breaking down (*rhabdomyolysis*). As with people who have been using *volatile substances* (solvents) it can also be risky to startle or frighten people as this can lead to heart failure.



If they have chest pains: sit them down in a calm environment and reassure them. **Call an ambulance.**



If they can't be woken: (by shaking their shoulders and calling their name), or you notice a blueness of the skin, including lips or fingernails (or greyish for darker complexions) or they have trouble breathing, **call an ambulance.**

Check breathing: try to assess the airway and then breathing. If there is no breathing or it is abnormal (e.g. death rattle, agonal breath) then **CPR** should be attempted.

Check there is nothing stuck in their throat (vomit etc), if there is remove it. For vomit turn the head to the side and let gravity do its job. If that doesn't work turn their far shoulder towards you so that their mouth points towards the ground for 5 secs. If neither work don't waste time, start CPR or they will die quickly.

CPR: this can be **chest compressions** alone. If you know how and feel able to, give 30 chest compressions followed by 2 **rescue breaths.** These compressions and rescue breaths are called 1 cycle of CPR and should be repeated.

If they are unconscious, but still breathing normally (at least 1 normal breath in a 10 second period) **put them in the recovery position and call an ambulance.**

see next page

"Look after people who have overdosed in the same way you would want them to look after you"

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If somebody is unconscious and then vomits while lying on their back, they can swallow their vomit and literally drown in it. That is why you should put an unconscious person in the recovery position and **call for an ambulance**.

The Recovery Position



Put the hand closest to you by the head (as if they were waving)



Put the arm furthest away from you across the chest, so that the back of the hand rests against the cheek



Hold the hand in place and lift up the knee furthest away from you, making sure the foot is planted firmly on the ground



Turn them on their side by pushing down on their knee

Antidotes

Doctors and paramedics can administer an antidote to some types of overdoses caused by depressants. If it is an opiate (eg. heroin) overdose and there is **naloxone*** available you should administer it as directed by its Patient Information Leaflet within the naloxone pack. It is perfectly legal for you to do so in an emergency. t

*In some areas naloxone is given out as *Prenoxad*, a licensed product but still containing naloxone HCL (at 1mg/ml).

Calling an ambulance

Never hesitate to call an ambulance. In most areas, the police are only called to overdoses if there is a death or an under 16 involved, or if there has been a previous incident of violence at the address given. In some areas the police may also attend if the caller states that the casualty is not breathing normally or not breathing at all. In this circumstance their priority is the preservation of life rather than law enforcement.

"Look after people who have overdosed in the same way you would want them to look after you"