



Poison HOTLINE

1-800-222-1222

November 2016



Did you know

The IPCC provides the only near real-time poison surveillance database in the state. Surveillance allows for the identification and isolation of poisonings of public health significance to enable a rapid and appropriate public health response.

Examples of past incidents detected by either the national or Iowa's poison center surveillance include: carbon monoxide, food poisoning, drugs of abuse, hazardous material spills, cyanide, and botulism, among others.

Accuracy in the surveillance is dependent on reporting of poisonings and overdoses by the public, emergency responders and hospitals.

Bystander Naloxone

The U.S. is experiencing an epidemic of drug overdose deaths. More than six out of ten of these drug overdose deaths involve an opioid. The CDC reports 78 Americans die every day from an opioid overdose.

Naloxone (Narcan®) is indicated for the reversal of respiratory and CNS depression due to an opioid overdose with the goal of restoring adequate respiratory drive in the patient. Iowa law now allows Iowa pharmacists to dispense naloxone to (1) an individual at risk of an opioid-related overdose, (2) a family member or other person in a position to assist a person at risk of an opioid-related overdose, or (3) a first responder employed by a law enforcement agency or fire department.

Bystander naloxone is dispensed as an IM auto-injector, an intranasal atomizer or an intranasal spray kit. Each kit contains two doses. Repeat doses are given if there is no response within 3 minutes. Dispensing of the kit is accompanied with education on how to recognize an opioid overdose. The importance of calling 911 is stressed. Reporting the naloxone administration to the IPCC is also encouraged. The IPCC is a public health entity and it is acceptable to call simply to report the overdose for reporting/surveillance purposes.

Reasons for why a patient may not respond to the naloxone include:

- Repeat and/or higher doses of naloxone may be necessary;
- The patient was exposed to synthetic opioid such as diphenoxylate/atropine (Lomotil), buprenorphine, pentazocine, methadone, fentanyl and the fentanyl derivatives (carfentanil, U-47700). These drugs often require larger than standard doses of naloxone;
- The patient's symptoms are not being caused by an opioid drug.

WARNING: An opioid's duration of action can be much longer than naloxone's duration of action (e.g. methadone; sustained release formulations) and the patient can re-sedate after the naloxone wears off. In general, patients should be observed at a health care facility for a minimum of 4 to 6 hours after the administration of naloxone; longer observation may be necessary for patients requiring larger doses of naloxone.

Report all opioid overdoses and use of bystander naloxone to the Iowa Poison Control Center at **1-800-222-1222**.

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