

Opioid emergency

A plain-English guide for you and your family

WHAT IS HAPPENING

When someone takes too much of an opioid—whether it's heroin, fentanyl, morphine, oxycodone, or any prescription painkiller—the drug floods special docking spots in the brainstem called mu opioid receptors. These receptors normally help control pain, but when an opioid drug locks onto them, they turn off the brain's automatic breathing command. The person's breathing slows way down or stops altogether, their pupils shrink to the size of pinpoints, and they become so deeply sleepy that you can't wake them up by shaking or shouting. The heart keeps beating for a while, but without fresh oxygen coming in through the lungs, the blood can't deliver oxygen to the brain and other organs—so the clock is ticking. Naloxone is the antidote: it's a medicine that kicks the opioid off those receptors and turns the breathing command back on within two to three minutes. You can give it as a shot or spray it into the nose. Once naloxone is on board, the person usually starts breathing again, their pupils widen, and they wake up—sometimes confused or upset because the naloxone also blocks the pain-relief and euphoria the opioid was giving them. Because many street opioids now contain fentanyl or carfentanil (which are much stronger than heroin), one dose of naloxone may not be enough, so a second or even third dose might be needed while waiting for the ambulance. The most important thing is to keep the person breathing—tilt their head back to open the airway, give rescue breaths if you know how, and call 911 right away, because naloxone wears off in thirty to ninety minutes and the opioid can outlast it, letting the overdose come back.

What you might feel

- Pinpoint pupils (tiny pupils that look like dots)
- Slow, shallow breathing (sometimes only 4–6 breaths per minute)
- Deep sleepiness or unresponsiveness (cannot be woken, or only wakes briefly)
- Slow heart rate (bradycardia)
- Low blood pressure (hypotension)
- Blue or gray lips, fingernails, or skin (cyanosis)
- Cold, clammy skin

- Vomiting or choking sounds (gurgling)
- Limp muscle tone (floppy limbs)
- Co-ingestion (alcohol, benzodiazepines, or other sedatives found or reported)

Call the doctor right away if...

- Breathing fewer than 8 breaths per minute, or no breathing at all
- Cannot be woken even with a loud shout, shake, or sternal rub (rubbing the breastbone firmly)
- Blue or gray lips, face, or fingernails (sign of dangerously low oxygen)
- Choking, gurgling, or foaming at the mouth (airway is blocked or filling with fluid)
- No pulse or very weak pulse

What the care team will do

- Open the airway with head-tilt chin-lift or jaw-thrust maneuver and assess breathing rate and depth every 30 seconds
- Give naloxone 0.4 to 2 milligrams by intranasal, intramuscular, or intravenous route and repeat every 2 to 3 minutes until breathing improves to at least 12 breaths per minute
- Start bag-valve-mask ventilation with 100 percent oxygen if the patient is not breathing adequately or naloxone does not restore spontaneous breathing within 1 to 2 minutes
- Place the patient on continuous pulse oximetry and cardiac monitoring and check vital signs every 15 minutes for the first hour
- Establish intravenous access with at least an 18-gauge catheter and start normal saline at 125 milliliters per hour
- Position the patient in the recovery position on their side if they are unconscious but breathing adequately after naloxone
- Reassess respiratory rate, oxygen saturation, and level of consciousness every 15 to 30 minutes for at least 4 hours after the last naloxone dose
- Screen for complications including aspiration pneumonia with lung listening with a stethoscope (auscultation), rhabdomyolysis with urine color check and creatine kinase lab, and neurologic injury with Glasgow Coma Scale scoring

Medicines you may be given — and why

Naloxone (Narcan)

Naloxone kicks opioids off their parking spots (mu opioid receptors) in the brain and spinal cord. Opioids glue themselves to these receptors and turn down breathing and consciousness. Naloxone binds even more tightly than the opioid, shoves it off, and unblocks the breathing signal — like yanking the OFF switch back to ON.

Where this information comes from

- CDC Guideline for Prescribing Opioids for Chronic Pain, 2022
- American College of Medical Toxicology (ACMT)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- American Heart Association (AHA) ACLS Guidelines

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