

Naloxone Training Quiz

PRE & POST-TRAINING QUIZ

1. **What can increase the harms from experiencing an opioid poisoning (overdose)?**
 - a. Using different substances at the same time
 - b. Using substances alone
 - c. Using substances after a period of non-use
 - d. All of the above

2. **Which of the following are three key signs of opioid poisoning?**
 - a. High heart rate, sweating, and agitation
 - b. Slow or no breathing, not moving and can't be woken up, and pupils are tiny.
 - c. Vomiting, not moving and can't be woken up, and confusion.
 - d. Slow or no breathing, agitation, and high heart rate

3. **What is the first thing you should do if you suspect someone is experiencing opioid poisoning?**
 - a. Put them on their side
 - b. Give naloxone
 - c. Call for help (call 911 or code blue)
 - d. Clear their mouth

4. **Does naloxone reverse stimulant poisoning?**
 - a. Yes
 - b. No

5. **Do stimulants (meth) reverse opioid poisoning?**
 - a. Yes
 - b. No

6. **What are the SAVE ME steps to respond to opioid poisoning?**
 - a. Stimulate, Airway, Ventilate, Evaluate, Medicate, and Evaluate & Support
 - b. Start, Assess, Verify, Engage, Manage, and End
 - c. Scream, Airway, Visualize, Evaluate, Medicate, and Educate
 - d. Stimulate, Assess, Vocalize, Encourage, Validate, and Evaluate.

7. **What should you do during the Stimulate step of SAVE ME?**
 - a. Check if they are breathing normally
 - b. Check if they are responsive
 - c. Give compressions
 - d. Give naloxone

8. **How long does it take for *injectable* naloxone to start working once given?**
 - a. 2-5 minutes
 - b. 10-15 minutes
 - c. 15-20 minutes
 - d. 30 seconds

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9. How long does it take for *nasal* naloxone to start working once given?
- 2-3 minutes
 - 10-15 minutes
 - 3-4 minutes
 - 30 seconds
10. How can you tell if someone is breathing normally?
- They are breathing on their own
 - They are taking 12 or more deep breaths per minute
 - No unusual breathing sounds (gurgling, choking, snoring)
 - All of the above
11. When should you stop giving naloxone?
- When the person is able to speak
 - When the person wakes up
 - When the person is breathing normally
 - When the person is breathing normally and they are awake
12. How many breaths should you give between doses of *injectable* naloxone?
- 30-40 breaths
 - 35-40 breaths
 - 10-15 breaths
 - 60-65 breaths
13. How many breaths should you give between doses of *nasal* naloxone?
- 30-40 breaths
 - 35-40 breaths
 - 10-15 breaths
 - 60-65 breaths
14. How long does naloxone work in the body?
- 15-30 minutes
 - 30-120 minutes
 - 1-2 hours
 - 4-6 hours

Naloxone Training Materials: Pre & Post -Quiz Answer Rationales

1. What can increase the harms from experiencing an opioid poisoning (overdose)?

Answer: D) All of the above

- *Using different substances at the same time:* in the current unregulated drug poisoning emergency, accidental opioid poisoning is more likely to happen if using different types of substances at the same time. Due to the unpredictability and volatility of the unregulated drug supply, the amount of opioids in unregulated substances can be very high and overwhelm the body. Using different types of substances can also increase the effects of opioids on the body. For example, combining different types of central nervous system depressants, like opioids and alcohol, can make breathing slower and increase the risk for accidental opioid poisoning.
- *Using substances alone:* Using substances alone can increase the risk that someone is not able to intervene and reverse opioid poisoning. Using with a buddy makes it possible to stagger substance use, encourage deep breathing, and intervene if there are signs of opioid poisoning.
- *Using after a period of non-use:* Using opioids after a period of time away from using opioids can lower the body's tolerance to opioids. This means that a smaller amount of opioids are needed for the body to experience effects. This can make people more susceptible to accidental opioid poisoning.

2. Which of the following are three key signs of opioid poisoning?

Answer B) Slow or no breathing, not moving and can't be woken, and tiny pupils

Three key signs characterize opioid poisoning:

1. *Slow or no breathing:* opioids cause the brain to slow down or stop breathing.
 2. *not moving and can't be woken:* opioids cause a decreased level of consciousness. This means that the person does not respond or responds less when they are spoken to or touched.
 3. *Tiny pupils:* opioids cause the muscles around the pupil to become constricted and the pupils to become very small.
- ### 3. What is the first thing you should do if you suspect someone is experiencing opioid poisoning?

Answer C) Call for help (call 911 or code blue)

Opioid poisoning is a medical emergency. Depending on where the opioid poisoning has happened (at work, home, on the street), get help first. If you are at work, check your organization's policy about what to do during an emergency. In clinical settings, you might call a code blue. If you are a bystander, call 911.

Naloxone Training Materials: Pre & Post -Quiz Answer Rationales

4. Does naloxone reverse stimulant poisoning?

Answer B) No

Naloxone will not reverse the effects of stimulants, like cocaine or crystal methamphetamine. However, if you are unsure if the person is experiencing opioid poisoning, it is safe to administer naloxone. The unregulated drug supply contains many adulterants and contaminants, including opioids. It is possible for people to unintentionally consume opioids while using stimulants. If you are unsure, follow SAVE ME steps to respond to suspected opioid poisoning and call for help.

5. Do stimulants (meth) reverse opioid poisoning?

Answer B) No

Stimulants, including meth, will not reverse the effects of opioids. Meth does not stimulate breathing so will not reverse the effects of an opioid poisoning. Using uppers and downers at the same time can increase the harms from drug poisoning. Using meth with opioids can increase the harms from overamping because you may not notice the early signs. Learn more [here](#).

6. What are the SAVE ME steps to respond to opioid poisoning?

Answer A) Stimulate, Airway, Ventilate, Evaluate, Medicate, and Evaluate & Support

SAVE ME is an acronym to remember the steps to respond to an opioid poisoning event:
Stimulate: check responsiveness. If they are responsive, encourage them to take deep breaths.

Airway: check if they are breathing normally.

Ventilate: give 1 breath every 5 seconds, if they are not breathing normally.

Evaluate: check their breathing, responsiveness, and pulse.

Medicate: Give naloxone if they are taking less than 12 breaths per minute.

Evaluate & Support: Give the body enough time to respond to naloxone. Wait 3 Minutes (35 breaths) after last injectable dose of naloxone. Wait 3-5 minute after last intranasal (nasal) dose of naloxone.

For more information, follow the [SAVE ME infographic](#)

7. What should you do during the Stimulate step of SAVE ME?

Answer B) Check if they are responsive.

Stimulate: check responsiveness and try to wake them up. To do this, first speak to them or make a noise. If they do not respond, try to get them to wake up by squeezing their

Naloxone Training Materials: Pre & Post -Quiz Answer Rationales

fingertip firmly or the muscle between their neck and shoulder.

8. How long does it take for *injectable* naloxone to start working once given?

Answer A) 2-5 minutes.

Once naloxone is injected it takes between 2-5 minutes to start working. Keep giving the person breaths while you are waiting for the person to start breathing normally.

9. How long does it take for *nasal* naloxone to start working once given?

Answer C) 3-4 minutes.

Once nasal naloxone is administered, on average it takes between 3-4 minutes to start working. Keep giving the person breaths while you are waiting for the person to start breathing normally. Intranasal (nasal) naloxone may take longer than injectable to start working depending on the health of the person receiving naloxone, the structure of the nasal passage or appropriate insertion into the nostril when administered.

10. How can you tell if someone is breathing normally?

Answer D) All of the above

Breathing normally means that the person has ALL of the following:

- They are breathing on their own
- They are taking 12 or more deep breaths per minute (at least 1 breath every 5 seconds), and
- There are no unusual breathing sounds (gurgling, choking, snoring).

11. When should you stop giving naloxone?

Answer: C) When the person is breathing normally.

The main sign that opioid poisoning has been reversed is the return to normal breathing (i.e., taking more than 12 breaths per minute, 1 breath every 5 seconds). Due to the presence of non-opioid sedatives (like benzodiazepines) in the unregulated drug supply, many people are experiencing prolonged sedation. This happens when breathing is normal but the person is unable to wake up. Naloxone will not wake someone up who is unresponsive because of non-opioid sedatives. Stop giving naloxone when the person is breathing normally, even if they are not waking up. Get emergency help.

Naloxone Training Materials: Pre & Post -Quiz Answer Rationales

12. How many breaths should you give between doses of *injectable* naloxone?

Answer: B) 35-40 breaths

After naloxone has started working, it is recommended to give additional injectable doses of naloxone 3 minutes apart. This equals 35-40 breaths between injections of naloxone.

13. How many breaths should you give between doses of *nasal* naloxone?

Answer: B) 35-40 breaths

After naloxone has started working, it is recommended to give additional injectable doses of naloxone 3-5 minutes apart. This equals 35-60 breaths between doses of nasal spray naloxone.

14. How long does naloxone work in the body?

Answer B) 30-120 minutes

Naloxone wears off in 30-120 minutes after it has been given. This means that the person can have another opioid poisoning if there is still a high amount of opioids in their body. It is important to monitor and provide information on safety after naloxone administration, including staying with a friend, being prepared with naloxone in case a second opioid poisoning happens, and avoiding use of opioids until the naloxone wears off.