

Opioid Overdose Recognition and Naloxone Use

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

■ ACTION: Call 999 Immediately

- Unresponsive, unconscious, or cannot be roused by voice or gentle stimulation
- Breathing markedly slow, shallow, irregular, or absent
- 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

While waiting: open airway, recovery position if breathing. If trained and naloxone available, administer per product instructions and local protocol. Even if patient recovers, they must be seen by emergency services; naloxone may wear off before the opioid does.

Sign	Normal	Opioid Overdose
Consciousness	Alert, responsive to voice	Drowsy, unrousable, or unconscious
Breathing	Normal rate and effort	Markedly slow, shallow, or absent
Pupils	Normal size, reactive to light	Pinpoint, poorly reactive
Skin/lips	Normal colour and temperature	Pale, clammy, or blue-tinged
Muscle tone	Normal	Limp or floppy

Naloxone administration (intranasal, e.g. Nyxoid): Administer one spray into one nostril. Repeat per product instructions if no response or symptoms return. Call 999 first; naloxone buys time, it does not replace emergency care. Effects may wear off before the opioid; patient must be assessed by emergency services even after apparent recovery.

■ ACTION: Monitor and Escalate

- Supervised methadone patient appearing 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
- Patient recently released from prison, post-detoxification, or post-abstinence: tolerance reduced, overdose risk high
- Opioids prescribed alongside benzodiazepines or other sedating medicines: additive risk

✓ ACTION: Take-Home Naloxone Supply

- Many pharmacies can supply naloxone without a prescription via commissioned local services (Patient Group Direction or other approved mechanism)
- Supply to: people at risk of overdose, and their family members, carers, or others likely to witness an overdose
- Counsel on: recognising overdose, calling 999, giving naloxone, recovery position, staying with person, repeat doses
- Proactively offer to patients on opioid substitution therapy, or those at increased risk; do not wait to be asked

Naloxone supply is one of the most effective harm-reduction interventions available in community pharmacy.

Key reminders: Call 999 first, always. Any combination of pinpoint pupils, reduced consciousness, and slow or absent breathing with suspected opioid use should prompt immediate action. Recurrent overdose can occur after initial recovery; never leave a patient alone after naloxone.