



Pharmacy in Scotland: Best Practice case study

Saving life through emergency administration of naloxone

JF, a pharmacist who works in a busy community pharmacy, was leaving work when they were called frantically by their colleague to come to a stairwell. Upon approaching, JF found a man lying unconscious. JF quickly assessed the patient who had a very faint pulse. He was breathing but completely unresponsive. JF suspected that the patient was suffering from an opioid overdose.

One member of the pharmacy team returned to the pharmacy to obtain naloxone (prenoxad) while another phoned for an ambulance. Two police officers who were in the vicinity came to assist.

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JF asked the police officer to keep the patient on his side and his airways open whilst they administered naloxone to the patient's upper thigh. JF's colleague supported the process by timing dosing intervals.

JF had to administer three 0.4mls doses of naloxone before the patient began to move and talk. They had been preparing to perform CPR and resuscitation if there had been no response.

JF introduced themselves and explained what had happened. They informed the patient that naloxone had to be administered because he had been unconscious for a long time. JF encouraged the patient to go to hospital when the paramedics arrived.

JF relayed to the paramedics what had happened, that naloxone had been used, the number of doses provided, and their colleague could provide the time of when the last dose was given. The whole pharmacy team were praised for their quick thinking which saved this patient's life.

JF was able to act quickly due to having had full naloxone training four years previously and they had kept that training up to date. This case really demonstrates the importance of every pharmacist being trained in administering naloxone, and of every pharmacy having access to naloxone, ready to use if required.



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