

HOW TO USE YOUR KIT

A printable adult emergency reference / U.S. resources



1 / PRINT THE PAGES YOU NEED

Use **U.S. letter paper (8.5 × 11 inches)**, **portrait orientation**. Choose **Actual Size** or **100%** in the print dialog. Turn off “Fit,” “Shrink,” and multiple-pages-per-sheet printing. Print one proof sheet before making copies.

Page 2: the complete one-page guide.

Pages 3-6: eight copies each of the overdose, CPR, GHB/G, and mental-health cards.

Page 7: optional black-text emergency-contact back.

2 / CUT AND ASSEMBLE

Each card is **3.5 × 2.25 inches**. The sheets have **¼-inch gaps** between cards. Cut along each card’s thin rectangular border and discard the strips between cards. A paper trimmer makes straight cuts easier.

For a four-card set, take one card from each of pages 3-6. Plain paper or printer-compatible cardstock works; check your printer’s paper limits.

3 / ADD THE OPTIONAL BACK

Print page 7 on the reverse of each card sheet, keeping **100% / Actual Size**. Print the fronts first, then reinsert each sheet to print the back. Test your printer’s feed direction on one sheet before printing the rest.

The repeated pattern needs no exact front-to-back alignment. All essential response instructions are on the fronts. Automatic duplex printing of this entire document will pair different front pages, so use the separate page-7 pass for card backs.

4 / KEEP IT READY

Keep one complete card set together and place the larger guide somewhere visible. The diagrams support the short written instructions; use both. These materials cover **adults** and use **U.S. numbers**. Follow the emergency dispatcher. This kit supports first response and does not replace CPR training. Sources are linked at the bottom of page 2.



LOOK AFTER EACH OTHER.

ADULT EMERGENCY REFERENCE / U.S. RESOURCES



SAFE SCENE. SHOUT + TAP SHOULDER.

Check breathing for no more than 10 seconds. Do not search for a pulse.



CANNOT WAKE OR CANNOT STAY AWAKE? CALL 911 ON SPEAKER.

911: medical emergency / danger / weapons / serious injury



NO NORMAL BREATHS

Unresponsive + absent, gasping, slow, shallow or irregular?
CPR + AED. Follow 911.
Naloxone if opioids; no CPR delay.



NORMAL BREATHS

Recovery position. Naloxone if opioids possible. Stay; watch breaths.
Unresponsive + abnormal? CPR.



KEEPS DRIFTING OFF

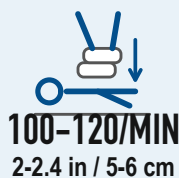
911. Monitor. Naloxone if opioids. Side if normal. No CPR responding. If unresponsive + abnormal: CPR.

988 / CALL OR TEXT

24/7 suicide + mental-health crisis support

211: local services + homelessness outreach / Ask 988 about local crisis options; availability varies.

CPR / PUSH + BREATHE



100-120/MIN
2-2.4 in / 5-6 cm



30 : 2

Trained + willing



AED

Follow prompts

Unresponsive + not breathing normally only. Back on firm, flat surface. Stack hands, center chest / lower breastbone. Full recoil. Breaths: tilt head, lift chin, pinch nose; seal mouth. Each breath 1 second, enough for chest rise. Breaths matter in overdose. Cannot give breaths? Keep compressing. AED: stand clear for analysis/shock; resume CPR. Continue until normal breathing or trained help takes over.

NALOXONE / OPIOIDS ONLY



1 SPRAY

PRESS PLUNGER FULLY

2-3 MIN

REPEAT*

*No response? New device in other nostril; repeat per product label. Do not prime. Other formulations: follow their label. Signs: cannot wake, slow/stopped breaths, snoring/gurgling, blue/gray or pale lips, tiny pupils. Naloxone generally will not harm someone if opioids are not involved. It does not treat GHB or meth toxicity. Never delay 911, breaths or CPR. Stay after waking: overdose can return.

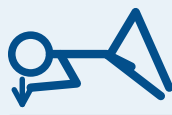
GHB / G: THIS IS AN EMERGENCY



Cannot wake / keeps passing out?
Slow, irregular, stopped or snoring/gurgling breaths? 911. Do not assume sleep.

Unresponsive + abnormal breaths: CPR; breaths if trained, otherwise compressions. Normal breaths: side + monitor. G alone can be fatal. Alcohol, opioids, benzos or other depressants increase danger, even hours apart. Naloxone does not reverse G. Give if opioids possible or drug unknown. No delay to CPR/911. No food, water, milk, more drugs or forced vomiting.

RECOVERY / NORMAL BREATHS ONLY



- 1 Roll onto side.
- 2 Bend top knee.
- 3 Tilt head; lift chin.
- 4 Mouth faces down.



Stay. Watch breathing continuously.
Unresponsive + abnormal breathing? CPR.

Suspected head/neck/back injury? Follow 911. Move only for safety or lifesaving care.

CRISIS / CALM + SPACE



MOVE SLOWLY



LISTEN



GIVE SPACE



LESS NOISE

Signs: disorientation, paranoia, hallucinations/delusions, suicidal talk, extreme agitation or marked change from usual. Meth can cause psychosis; do not assume use. No arguing, judging, crowding, cornering, touching, threats or shouting. Danger? Move yourself/others to safety. Chest pain, seizure, overheating or collapse? 911.

UNCONSCIOUS? ACT NOW.



 Safe scene. Shout + tap shoulder.
Check breathing: 10 seconds max. No pulse check.

CANNOT WAKE / CANNOT STAY AWAKE: 911

 **ABNORMAL BREATHS**
Slow/shallow/irregular,
gasp/absent: CPR + AED.
Follow 911. Breaths if trained.

 **NORMAL BREATHS**
Side. Watch breathing.
Drifts off? 911. No CPR
while responding.

 Opioids possible? 1 nasal spray in 1 nostril.
No response in 2-3 min? New spray; repeat per label.
Stay. Never delay 911/CPR.

Reviewed 10/04/26 / Education; no agency endorsement

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ADULT CPR / PUSH + BREATHE



Unresponsive + not breathing normally?
Check: 10 sec max. No pulse search. Call 911; get AED.


100-120 / MIN
2-2.4 IN DEEP


30 PUSHES : 2 BREATHS
TRAINED + WILLING


AED: FOLLOW PROMPTS
STAND CLEAR

Hands stacked, center chest. Full recoil. On back, firm, flat surface.
Breaths: tilt head, lift chin, pinch nose; 1 sec, chest rise.
Overdose: breaths matter. Unable? Keep pushing. Continue until normal breathing or trained help takes over.

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G'D OUT? / CALL 911



Cannot wake / keeps passing out?
Slow, irregular, stopped or snoring/gurgling breaths?
Call 911. Never delay CPR for naloxone.



**UNRESPONSIVE +
ABNORMAL BREATHS**
CPR. Breaths if trained;
or keep pushing.



NORMAL BREATHS ONLY

Side; top knee bent.
Tilt head; mouth down.
Stay. Watch breathing.

G + alcohol, opioids, benzos or depressants: greater overdose risk.
Naloxone does not reverse G. Give if opioids possible / drug unknown.

**NO FOOD. NO WATER. NO MILK. NO MORE DRUGS.
NO FORCED VOMITING. NEVER LEAVE THEM ALONE.**

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CRISIS / CALM + SPACE

Confused / paranoid / seeing or hearing things?
Suicidal talk / extreme agitation / acting very differently?

**SLOW DOWN**

**LISTEN**

**GIVE SPACE**

**LESS NOISE**

No arguing, judging, touching, crowding, threats or shouting.

988 / CALL OR TEXT
Suicide / emotional crisis / 24-7

911 / MOVE TO SAFETY
Danger / weapons / serious injury
Medical emergency

211: local services + housing. Meth can cause psychosis; do not assume use.
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