

Kittitas County Prehospital Care Protocols

SUBJECT: SUSPECTED OPIOID OVERDOSE – ADMINISTRATION NALOXONE (EMT & EMR)

INDICATIONS FOR USE:

- Respiratory compromise
- Abnormal breathing
- RR <8
- Altered level of consciousness (ALOC)
- Pinpoint pupils

CONTRAINDICATIONS: None when used in a life-threatening emergency

SIDE EFFECTS: opioid withdrawal, agitation, combative behavior, tachycardia, pulmonary edema, nausea, vomiting, and seizures

ALS: A paramedic level of response should be dispatched simultaneously or requested to all respiratory arrest responses.

PROCEDURE:

1. **Scene-Size-Up:** Personnel Safety, drug paraphernalia (needles, cooking material, pill bottles etc.).
2. **Intervention:**
 - Obtain history as possible (family or friend)
 - Rapid physical assessment
 1. LOC
 2. Respiratory rate, abnormal breathing
 3. Pulse rate, BP if possible
 4. Pupillary size, look for pinpoint pupils
 5. Blood glucose check
 6. Evidence of drug use (needle tracks, syringes, pills, powder)
 - **If pulseless:** CPR per BLS & ACLS guidelines and local protocol
 - **If apnea with pulse:** Ventilate with 100% O² for at least 1 minute. If ventilation is not effective, oropharyngeal or nasopharyngeal should be attempted if tolerated. May not be tolerated after Naloxone administration.
 - Administer Naloxone (Narcan)
 - **Preloaded syringe with Mucosal Atomizer Device (MAD)**
 - Open kit and/or load 2 mg Naloxone in syringe
 - Attach mucosal atomizer device (MAD) to syringe
 - Place atomizer into nostril gently

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- Compress syringe to administer 1 mg of atomized spray (1/2) into one nostril and remove atomizer.
- Immediately resume ventilations for 3-5 minutes
- If no improvement, repeat 1 mg dose in the other nostril (total of 2 mg administered).
- Immediately resume ventilations for 3-5 minutes
- **Nasal Spray preloaded device w/o MAD** (per manufacturer instructions)
 - Only if patient own prescription or available through another emergency responder.
 - 4 mg dose (peel, place, spray), no repeat dose necessary.
- **Intramuscular Injection (IM) - FOR EMTs with ALS AGENCIES ONLY**, EMTs may administer naloxone IM via syringe and needle with MPD approved initial and annual ongoing training
 - Prep supplies and site for administration to the lateral thigh
 - 0.4 mg initial dose
 - Immediately resume ventilations for 3-5 minutes
 - If no improvement, repeat 0.4 mg dose (total of 0.8 mg administered)
 - Immediately resume ventilations for 3-5 minutes
- Reevaluate LOC, respirations, pulse continuously, Rescue breathing, and CPR as needed. Naloxone IN will take 3-5 minutes to take effect. Spontaneous breathing is the goal.
- If no improvement after 2 mg dose (with MAD), provider may repeat dosing per above instructions.
- Consider other causes of altered mental status.
- Be prepared to manage patient agitation and combativeness and other side effects.
- Provider may use patients own naloxone if available, not expired, and meets MPD approved device and dose.
- Put patient in recovery position if breathing on own effectively.
- If patient received 4 mg dose prior to arrival, ventilate and manage airway. No additional dose is recommended.
- **High Performance Airway Management is the top priority for the patient!**
- **Safety is the top priority for EMS Providers!**

NOTE: Naloxone is an optional medication to carry for BLS agencies in Kittitas County. EMTs affiliated with BLS agencies that choose to carry naloxone, must receive, and maintain MPD approved annual ongoing training.