

Opiate Overdose

Initial actions:

- Conduct scene size up, primary assessment, & immediate life-saving interventions. Have airway, ventilation & suction devices nearby & ready.
- Promptly administer oxygen by NRB or BVM at 10-15 liters/minute as needed. If available monitor SpO₂.
- Request Advanced Life Support (ALS) considering their availability & hospital proximity.
- Obtain baseline vital signs, SAMPLE history, & conduct a secondary assessment attentive to respiratory depression, failure, or arrest.

Respiratory depression, secondary to an opiate overdose, is primarily managed by continuous, attentive airway care & ventilatory support. If available, reversal therapy with naloxone can be secondarily considered after ventilatory support.

Prompt transport is important – DO NOT delay transport to administer this treatment.

Therapy	Naloxone (Narcan ®)	
Form	Solution for atomized intranasal administration (IN) Solution for intramuscular (IM) auto-injector administration	
Source	Supplied by OEMS registered & approved EMT/agency under a Medical Director	
Authorization	EMTs operating for a registered agency who successfully complete OEMS approved training while operating under the agency Medical Director's approved protocol.	
Age	No restriction, but for patients under 5 years old on-line consultation with medical control and/or Medical Director protocol is required.	
Indications	Patients with respiratory depression or arrest secondary to known or suspected opiate overdose (as evidenced by pinpoint pupils, depressed mental status, etc.)	
Contraindications	<ul style="list-style-type: none"> • Hypersensitivity or allergy to naloxone (Narcan ®), nalmefene, or naltrexone • Medication is discolored, cloudy, precipitated, or expired. • Use cautiously with cardiac disease, supraventricular arrhythmia, head trauma, brain tumor, or poly-substance overdose 	
Adverse effects	<ul style="list-style-type: none"> • Agitation/Combative • Nausea • Vomiting • Diarrhea • Tremulousness • Diaphoresis • Tachycardia • Seizures • Dyspnea • Abdominal cramps • Increased Blood Pressure • Cardiac Arrest/Ventricular Fibrillation • Pulmonary Edema <p>The adverse effects following naloxone administration, particularly in chronic opioid users & abusers, may place the patient, emergency personnel & bystanders at risk.</p>	
Administration	IN & IM auto-injector administration are the only authorized routes for EMTs	
	<p><u>Intranasal (IN) Administration</u></p> <ul style="list-style-type: none"> • Assemble prefilled syringe & mucosal atomizer device (MAD) • Place tip of MAD into the nostril & briskly push the plunger forward, administering 1 mL (1mg, half the medication) into each nostril (1 mg/mL per nare). (Naloxone should take effect in 2-5 minutes). 	<p><u>Intramuscular (IM) auto-injector administration</u></p> <ul style="list-style-type: none"> • Administer 0.4mg of Naloxone via IM auto-injector to the lateral thigh according to the manufacturer's recommendations • Properly dispose of auto-injector in sharps container
	<ul style="list-style-type: none"> • Maintain vigilant airway care & ventilation support. Be prepared to remove oropharyngeal airway, suction, & use a nasopharyngeal airway if gag reflex returns after medication administration (vomiting and pulmonary edema may occur). • Monitor for agitation, combativeness, and other withdrawal symptoms should reversal occur (typically over 2-5 minutes). • Have AED nearby and ready; misled by a sedated appearance, Ventricular Fibrillation cardiac arrest may develop after treatment. • Administer only a single dose. A repeat dose is not authorized in this protocol. 	
Documentation	<ul style="list-style-type: none"> • Note dose(s) & time(s) of administration & patient response & communicate this during transfer of care to ALS and/or receiving facility staff. • All incidents where an EMT has administered Naloxone shall be reported to OEMS within 24 hours via DOH web-based Naloxone Reporting Form. 	

EMTs may administer IN or IM auto-injector naloxone to persons suspected of suffering from an opioid overdose ONLY upon successful completion of training & with the approval of their Medical Director. EMTs may administer one dose of IN or IM auto-injector naloxone to persons suspected of suffering from an opioid overdose even if an on scene police officer or lay person has already administered one dose.

REMEMBER: WHEN QUESTIONS OR CONCERNS ARISE, CONTACT MEDICAL CONTROL!

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