

BLS Protocol for Intranasal Naloxone use in Known or Suspected Narcotic Overdose

Criteria:

**Respiratory Depression (RR < 6) or Apnea
AND
Known or Suspected Narcotic (Opiate) overdose (prescribed or illegal)**

1. Scene Size Up/Scene Safety considerations
 - Caution: Be aware of potential drug paraphernalia (e.g., needles)
2. Assess Airway, Breathing, and Circulation
3. For pulseless patients, begin CPR, apply AED, and treat per cardiac arrest protocol
4. For inadequate respiratory rate or effort and/or hypoxia, assist ventilations with BVM and 100% Oxygen as needed. Use Airway Adjuncts as indicated by clinical condition (Nasopharyngeal Airway, Oropharyngeal Airway, and/or King LT Airway)
5. Obtain vital signs
6. Examine pupils (note: not all opiate overdose have pin point pupils) and look for evidence of drug use (e.g., needle tracks, syringes, pills, powder)
7. Obtain blood glucose and manage as indicated
8. *Consider* Intranasal (IN) Naloxone (Narcan):

Simple observation is more prudent than giving Naloxone when a patient is ventilating adequately.

**Spontaneous breathing with adequate respiratory effort and ventilation/
oxygenation is the goal of naloxone use**

- a. Open kit and/or load 2mg (2ml) Naloxone (Narcan) in a syringe
- b. Attach nasal atomizer to syringe (facilitates intranasal delivery and absorption of drug)
- c. Place atomizer into nostril
- d. Briskly compress syringe to administer 1mg (1ml) of atomized spray
 - i. If patient is in cardiac arrest, immediately repeat process in the other nostril to deliver the remaining 1mg (1ml)
- e. Resume cardiopulmonary and/or respiratory support as indicated
- f. If the patient was not in cardiac arrest and there is no clinical response/improvement in 3-5 minutes after the initial 1mg dose, then repeat the process in the other nostril to deliver the remaining 1mg (1ml) of medication.
- g. Re-evaluate and document level of consciousness, respirations, oximetry, pulse and blood pressure continuously. Rescue breathing and/or CPR as needed. Intranasal Naloxone generally requires approximately 2-5 minutes to take effect.
- h. If no improvement or response after 2mg dose *and* high suspicion for narcotic/opiate overdose remains, a repeat dose of 2mg with 1mg administered into each nostril can be given
- i. Continue to support breathing and oxygenation and perform ongoing assessments of respiratory status as needed

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Cautions:

A) Patients may experience withdrawal symptoms and may respond with violence and/or agitation. Common reactions also include tachycardia, high blood pressure, body aches, nausea and vomiting.

B) Naloxone may wear off prior to narcotic being metabolized and symptoms of overdose can re-occur. Repeat doses can be given if indications return.

9. If no response, consider other causes of respiratory depression and/or altered mental status

10. Prepare patient for transport

11. All patients requiring naloxone should undergo an ALS evaluation.

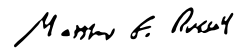
Caution: All patients receiving naloxone must be encouraged to be transported for an emergency department evaluation. A patient refusal of care/transport following naloxone administration can only be considered after an ALS evaluation is complete

Naloxone (Narcan) BLS Administration Report:

12. Complete a Naloxone (Narcan) BLS Administration Report and submit it to the Skagit County EMS Office any time naloxone is administered by BLS

Examples of Common Narcotics/Opiates

Codeine	Hydrocodone	Morphine	Subutex
Demerol	Hydromorphone	Oxycodone	Percocet
Dilaudid	Meperidine	Oxycontin	Tramadol
Heroin	Methadone	Suboxone	Vicodin



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