

Environmental: Overdose Narcan for Law Enforcement



History

- * Previous Drug History
- * Paraphernalia
- * Known Access to Narcotics

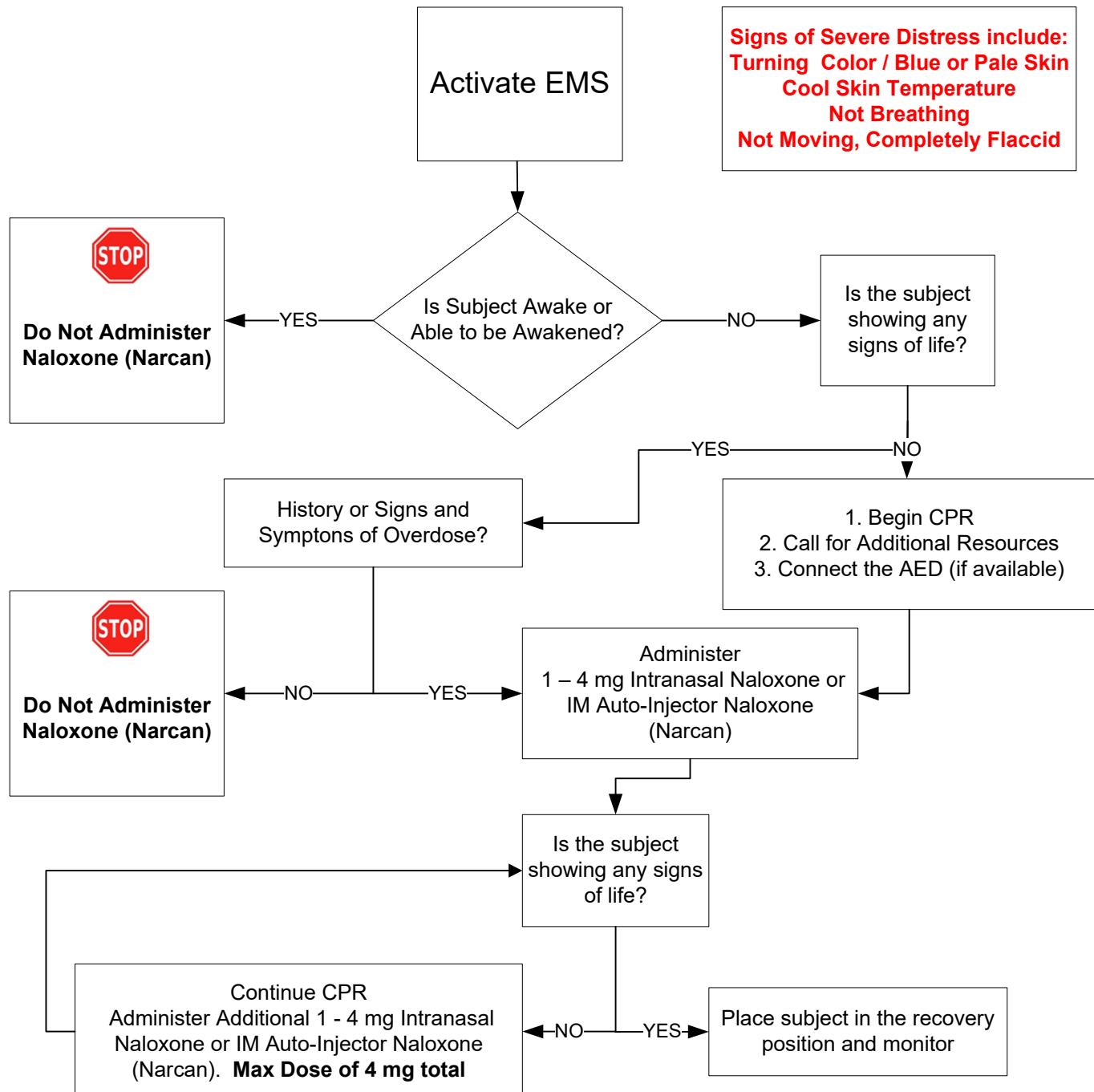
Signs and Symptoms

Must have one or more of the following:

- * Altered Mental Status
- * Unconscious
- * Depressed Breathing
- * Pin Point Pupils
- * Blue/Cyanotic Lips
- * Pale Skin Color
- * Evidence of Previous IV Drug Use/Track Marks

Possible Mimics

- * Trauma/Assault
- * Mixed Overdose
- * Alcohol Intoxication
- * Obvious Death
- * Hypoglycemia
- * Benzodiazepine Overdose
- * Other Substance Use / Abuse / Ingestion



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Procedure for Intranasal Naloxone Administration:

1. Activate EMS.
2. Begin CPR if the patient has no signs of life.
3. Confirm the correct medication and dosage. Naloxone (Narcan) is typically packaged in 2mg / 2 ml prefilled syringe, 4mg / 0.1ml prefilled applicator, or 0.4mg auto-injector (Evzio).
4. For the device in FIGURES 1 A&B:
 - 4a. Attach the MAD (Mucosal Atomizer Device) nasal atomizer to the syringe. (FIGURE 1B)
 - 4b. Insert the atomizer in the nostril until you have a snug fit. Make sure the syringe is pointing straight towards the back of the patients head (NOT pointing up towards the top of the head or top of the nose) AND compress the other nostril closed.
 - 4c. Rapidly compress the syringe to administer $\frac{1}{2}$ of the medication (1mL). If not administered rapidly, the medication does not aerosolize and is much less effective. Remove device from nose.
5. For the device in FIGURE 2:
 - 5a. Insert the tip of the device into one nostril, ensuring that it is pointing towards the back of the patient's head (NOT pointing up towards the top of the head or the top of the nose). Compress the other nostril closed.
 - 5b. Rapidly compress the device, then remove from nose.
6. After administration, squeeze the nostrils together gently (do NOT compress) and massage in the medication for 5-10 seconds.
7. For the device in FIGURE 1 A&B, may repeat the same dose in 2 minutes if no improvement (max is 2 doses). There is no repeat dose the device in FIGURE 2.
8. Volumes greater than 1ml are too large to be absorbed and will lead to failure.
9. If no signs of life return despite Narcan, CPR, and/or AED use, continue CPR until relieved by Fire Department and/or EMS.
10. If the patient begins to breath and show signs of life, roll the subject into the recovery position (FIGURE 3). Be aware that the patient may vomit.



FIGURE 1a: Naloxone (Narcan) as it appears from the package

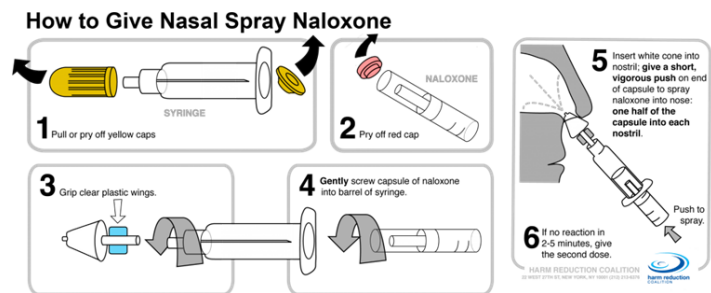


FIGURE 1b: Naloxone (Narcan) Assembly



FIGURE 2: 4mg Narcan Atomizer



FIGURE 3: Recovery Position

Pearls:

- * Subjects treated with Naloxone must be transported for medical evaluation.
- * Subjects may become combative after Naloxone (Narcan) administration.
- * Subjects may vomit after Naloxone (Narcan) administration, be quick to roll them into the recovery position.
- * Make sure subject is not carrying any other medication, illegal substance, or any weapon.
- * The nostril can absorb 1 ml of fluid at a time.
- * Factors that may negatively affect mucosal absorption of medication may include recent use of vasoconstrictors, i.e. cocaine or Afrin, nosebleeds, nasal congestion and/or discharge.
- * Initial Training on Naloxone indication and intranasal administration must be conducted prior to naloxone administration.
- * All naloxone administrators should attend annual refresher training for the administration of naloxone.