most common form of this drug that is illegally produced
   ii. In the concentration in which it is legally manufactured (3 mg/mL), an intramuscular dose of 2 mL of carfentanil will sedate an elephant
c. Synthetic opioids (i.e., W-18 are 10,000 times more potent than morphine) many synthetic opioids are not detectable by routine toxicology screening assays
6. The IN route has the benefit of no risk of needle stick to the clinician
7. Patients with opioid overdose from fentanyl or fentanyl analogs may rapidly exhibit chest wall rigidity and require positive end expiratory pressure (PEEP), in addition to multiple and/or larger doses of naloxone, to achieve adequate ventilation

**Pertinent Assessment Findings**

1. The primary clinical indication for the use of opioid medications is analgesia
2. In the opioid overdose scenario, signs and symptoms include:
   a. Miosis (pinpoint pupils)
   b. Respiratory depression
   c. Decreased mental status
3. Additional assessment precautions:
   a. The risk of respiratory arrest with subsequent cardiac arrest from an opioid overdose as well as hypoxia (pulse oximetry less than 94%), hypercarbia, and aspiration may be increased when other substances such as alcohol, benzodiazepines, or other medications have also been taken by the patient
   b. **Pediatric Considerations**: The signs and symptoms of an opioid overdose may also be seen in newborns who have been delivered from a mother with recent or chronic opioid use. Neonates who have been administered naloxone for respiratory depression due to presumed intrauterine opioid exposure may be narcotic dependent and should be monitored closely for seizures

## Quality Improvement

**Associated NEMSIS Protocol(s) (eProtocol.01)** *(for additional information, go to www.nemsis.org)*

- 9914219—Medical - Opioid Poisoning/Overdose

**Key Documentation Elements**

- Rapid and accurate identification of signs and symptoms of opioid poisoning
- Airway management
- Pulse oximetry (oxygen saturation) and, if available, capnometry or capnography
- Blood glucose assessment
- Naloxone dose and route of administration
- Clinical response to medication administration
- Number of doses of naloxone to achieve a clinical response

**Performance Measures**

- Clinical improvement after prehospital administration of naloxone
- The performance and ongoing assessment of airway management
- Frequency of patients who develop adverse effects or complications (recurrent respiratory depression or decreased mental status, aspiration pneumonia or pulmonary edema)
- Number of patients who refuse transport following naloxone administration