

Opioid Poisoning/Overdose

Aliases

Carfentanil	Dilauidid®	Drug abuse
Fentanyl	Heroin	Hydrocodone
Hydromorphone	Methadone	Morphine
Opiate	Opioid	Overdose
Oxycodone	Oxycontin®	Percocet®
Percodan®	U-47700	Vicodin®

Patient Care Goals

1. Rapid recognition and intervention of a clinically significant opioid poisoning or overdose
2. Prevention of respiratory and/or cardiac arrest

Patient Presentation

Inclusion Criteria

Patients exhibiting decreased mental status, and respiratory depression of all age groups with known or suspected opioid use or abuse. Lack of miosis (pinpoint pupils) is not a reliable sign for ruling out opioid exposure, although its presence is consistent with such exposure

Exclusion Criteria

Patients with altered mental status exclusively from other causes (e.g., head injury, or hypoglycemia)

Patient Management

1. Don the appropriate PPE. Note that opioids have minimal vapor pressure and do not pose an exposure risk to rescuers unless aerosolized or ingested
2. Therapeutic interventions to support the patient's airway, breathing, and circulation should be initiated prior to the administration of naloxone
3. If possible, identify specific medication taken (including immediate release versus sustained release) time of ingestion, and quantity
4. Obtain and document pertinent cardiovascular history or other prescribed medications for underlying disease
5. Be aware that unsecured hypodermic needles may be on scene if the intravenous route may have been used by the patient, and that there is a higher risk of needle sticks during the management of this patient population which may also have an increased incidence of blood-borne pathogens
6. Naloxone, an opioid antagonist, should be considered for administration to patients with respiratory depression in a confirmed or suspected opioid overdose
7. Naloxone administration via the intravenous route provides more predictable bioavailability and flexibility in dosing and titration
8. Naloxone administration via the intranasal or intramuscular routes or as a nebulized solution provide additional options of medication delivery
9. If naloxone was administered to the patient prior to the arrival of EMS, obtain the dose and route through which it was administered and, if possible, bring the devices containing the dispensed naloxone with the patient along with all other medications on scene