

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	8004.03
	<u>PROGRAM DOCUMENT:</u>  <b>Suspected Narcotic Overdose</b>	Initial Date:	04/20/21
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Signature on File

EMS Medical Director

Signature on File

EMS Administrator

**Purpose:**

- A. To serve as a treatment standard for patients exhibiting signs and symptoms of suspected Narcotic Overdose.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Protocol:**

**A. For any Altered Level of Consciousness (ALOC), consider AEIOUTIPS:**

Alcohol	Trauma
Epilepsy	Infection
Insulin	Psychiatric
Overdose	Stroke or Cardiovascular
Uremia	

**B. Suspected Narcotic Overdose (Consider any of the following):**

1. Decreased responsiveness (Glasgow Coma Score < 14).
2. Inability to respond to simple commands.
3. Respiratory insufficiency or respiratory rate < 8.
4. Pinpoint pupils.
5. Bystander or patient history of drug use or drug paraphernalia on site.

<b>BLS</b>
<ol style="list-style-type: none"> <li>1. Supplemental O<sub>2</sub> as necessary to maintain SpO<sub>2</sub> ≥ 94%. Use the lowest concentration and flow rate of O<sub>2</sub> possible.</li> <li>2. Check patient/victim for responsiveness and ABCs.</li> <li>3. Naloxone: 2mg Intranasal (IN), or per dosing of pre-loaded IN Naloxone device. May repeat every 5 minutes, as needed, until the patient is breathing spontaneously.</li> <li>4. Airway adjuncts as needed.</li> <li>5. Perform blood sugar determination. Refer to PD# 8002 – Diabetic Emergencies.</li> <li>6. Transport</li> </ol>
<b>ALS</b>
<ol style="list-style-type: none"> <li>1. Initiate vascular access and titrate to an SBP &gt; 90 mm Hg.</li> <li>2. Naloxone:               <ol style="list-style-type: none"> <li>a. Preferred routes are IV or *Intranasal (IN).                   <ul style="list-style-type: none"> <li>• 1mg increments IV push, titrated to adequate respiratory status.</li> </ul> </li> </ol> </li> </ol>

- 2 mg Intranasal (IN). May repeat every 5 minutes, as needed, titrate to adequate respiratory status.
  - Do not administer if an advanced airway is in place and the patient is being adequately ventilated.
3. Airway adjuncts as needed
  4. Cardiac monitoring.
  5. If patient is revived by Narcan and GCS15, consider Buprenorphine administration.

\*Intranasal medications are to be delivered through an atomization device with one-half the indicated dose administered in each nostril.

### **Naloxone Leave Behind Kit**

#### **Indication:**

- A. History of illicit substance use or active prescriptions for opioids.
- B. History of physical exam findings consistent with IV drug use – needle marks, abscesses at injection sites.
- C. Physical environment suggestive of illicit substance use – paraphernalia opioid pill bottles present at the scene.

#### **BLS or ALS:**

- A. If respiratory distress or altered mental status, refer to appropriate county policy.
- B. Provide Naloxone Leave Behind Kit.
- C. Review indications for Naloxone use with a bystander, friend, or family member.
- D. Review instructions for use with a bystander, friend, or family member.
- E. Review DHS opioid resource information sheet.

**Cross Reference:** PD# 2002 – Naloxone Leave Behind  
PD# 2523 – Administration of Naloxone by Law Enforcement First Responders.  
PD# 8002 – Diabetic Emergencies  
PD# 8003 – Seizures  
PD# 8069 – Buprenorphine