July 2018: Naloxone is required for Public Safety EMT and EMR (October ’17) and remains Optional Supplemental Program for BLS Commercial Services
(initially implemented September ’13).

C. INTRANASAL NALOXONE FOR BLS PROVIDERS
(COMMERCIAL EMT)

1. PURPOSE
When encountered with a patient exhibiting respiratory depression with a confirmed or suspected opioid/narcotic overdose, an EMT and EMR may administer intranasal naloxone provided the following criteria have been met.

2. INDICATIONS
A patient suffering respiratory depression caused by a known or suspected opioid/narcotic overdose

3. CONTRAINDICATIONS
a) None clinically significant in the adult patient
b) Patients less than 28 days old

4. PROCEDURE
a) Ensure that naloxone is indicated and the medication is not expired.
b) Inject volume of air into vial that is equal to desired volume of medication to be removed using a needle (blunt tip preferred) and 2 mL or 3 mL syringe.
c) Pull back on syringe plunger to remove desired volume of medication.
d) Use gradations on syringe to measure volume of medication to nearest 0.10 mL.
e) Safely remove needle from syringe and dispose of in sharps container.
f) Attach mucosal atomization device to luer-lock of syringe.
g) Place tip of mucosal atomization device in the nare and briskly push the plunger forward, administering half of the total volume of medication (up to a MAXIMUM of 1 mL per nare).
h) Repeat previous step in the other nare, delivering the remaining half of the medication.
i) Monitor patient for response and continue supportive care.

ALERT

IF EMS OPERATIONAL PROGRAM USES A DIFFERENT FORMULARY/CONCENTRATION OR MEDICATION PACKAGING (E.G., PRE-FILLED SYRINGE OR AMPULE), PROVIDERS MUST RECEIVE PROPER TRAINING REGARDING SAFETY, PREPARATION, AND CONVERSION TO INTRANASAL ATOMIZATION OF THE MEDICATION.

ALTERED MENTAL STATUS: UNRESPONSIVE PERSON

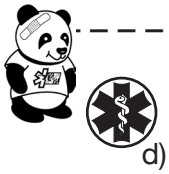
1. Initiate General Patient Care

2. Presentation
   Patients may exhibit confusion, focal motor sensory deficit, unusual behavior, unresponsiveness to verbal or painful stimulus.

ALCOHOL CAN CAUSE ALTERED MENTAL STATUS BUT IS NOT COMMONLY A CAUSE OF TOTAL UNRESPONSIVENESS TO PAIN.

3. Treatment
   a) Obtain pulse oximetry, if available.
   b) Administer glucose paste (10–15 grams) between the gum and cheek. Consider single additional dose of glucose paste if not improved after 10 minutes.
   c) **If patient has respiratory depression with decreased LOC, constricted pupils, and provider suspects an opioid/narcotic overdose:**
   Administer naloxone 2 mg IN, dividing administration of the dose equally between the nares to a maximum of 1 mL per nare, **OR** administer 4 mg/0.1 mL IN in one nare.

   Consider additional doses of naloxone.



   d) Obtain pulse oximetry, if available.
   e) Administer glucose paste (10–15 grams) between the gum and cheek. Consider single additional dose of glucose paste if not improved after 10 minutes.
   f) **If patient has respiratory depression with decreased LOC, constricted pupils, and provider suspects an opioid/narcotic overdose:**
   Aged 28 days to adult: Administer naloxone 2 mg IN, dividing administration of the dose equally between the nares to a maximum of 1 mL per nare, **OR** administer 4 mg/0.1 mL IN in one nare.

   Consider additional doses of naloxone.

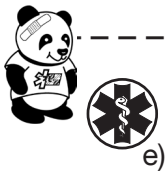
OVERDOSE/POISONING: ABSORPTION

1. Initiate General Patient Care.

2. Presentation
   Patient may exhibit any of the following: nausea, vomiting, diarrhea, altered mental status, abdominal pain, rapid heart rate, dyspnea, seizures, arrhythmias, sweating, tearing, defecation, constricted/dilated pupils, rash, or burns to skin.

3. Treatment
   a) Remove patient from the toxic environment by appropriately trained personnel using proper level PPE.
   b) Identify agent and mechanism of exposure.
   c) Decontaminate as appropriate.
   d) **If patient has respiratory depression with decreased LOC, constricted pupils, and provider suspects an opioid/narcotic overdose:**
   Administer naloxone 2 mg IN, dividing administration of the dose equally between the nares to a maximum of 1 mL per nare, **OR** administer 4 mg/0.1 mL IN in one nare.

   Consider additional doses of naloxone.



   e) Remove patient from the toxic environment by appropriately trained personnel using proper level PPE.
   f) Identify agent and mechanism of exposure.
   g) Decontaminate as appropriate.
   h) **If patient has respiratory depression with decreased LOC, constricted pupils, and provider suspects an opioid/narcotic overdose:**
   Aged 28 days to adult: Administer naloxone 2 mg IN, dividing administration of the dose equally between the nares to a maximum of 1 mL per nare, **OR** administer 4 mg/0.1 mL IN in one nare.

   Consider additional doses of naloxone.

OVERDOSE/POISONING: INGESTION

1. Initiate General Patient Care.

2. Presentation
   Patient may exhibit any of the following: nausea, vomiting, diarrhea, altered mental status, abdominal pain, rapid heart rate, dyspnea, seizures, arrhythmias, chemical burns around or inside the mouth, or abnormal breath odors.

3. Treatment
   a) Identify substance and amount ingested.
   b) Consider activated charcoal **without** Sorbitol 1 gram/kg PO.
   c) **If patient has respiratory depression with decreased LOC, constricted pupils, and provider suspects an opioid/narcotic overdose:**
   Administer naloxone 2 mg IN, dividing administration of the dose equally between the nares to a maximum of 1 mL per nare, **OR** administer 4 mg/0.1 mL IN in one nare.

   Consider additional doses of naloxone.

ALERT

DO NOT GIVE ANYTHING BY MOUTH WITHOUT MEDICAL CONSULTATION! POISON INFORMATION CENTER RECOMMENDATIONS SHOULD BE SOLICITED IN CONJUNCTION WITH MEDICAL CONSULTATION, BUT MEDICATION ORDERS CAN ONLY BE ACCEPTED FROM AN APPROVED BASE STATION.

   d) Identify substance and amount ingested.

   e) Consider activated charcoal **without** Sorbitol 1 gram/kg PO.

   f) **If patient has respiratory depression with decreased LOC, constricted pupils, and provider suspects an opioid/narcotic overdose:**
   Aged 28 days to adult: Administer naloxone 2 mg IN, dividing administration of the dose equally between the nares to a maximum of 1 mL per nare, **OR** administer 4 mg/0.1 mL IN in one nare.

   Consider additional doses of naloxone.

OVERDOSE/POISONING: INJECTION

1. Initiate General Patient Care.

2. Presentation
   Patient may exhibit any of the following: local pain, puncture wounds, reddening skin, local edema, numbness, tingling, nausea, vomiting, diarrhea, altered mental status, seizures, muscle twitching, hypoperfusion, metallic or rubber taste

3. Treatment
   a) Identify markings (insects, bites, needlestick, etc.).
   b) Do not apply distal and/or proximal constricting bands for a poisonous snakebite to an extremity. Do remove any jewelry on the affected extremity.
   c) Immobilize extremity.
   d) Apply cool packs for relief of pain only.

IF THE SNAKE IS **DEAD**, AND IF IT IS PRACTICAL, DELIVER IT WITH ITS HEAD INTACT. DEAD SNAKES STILL BITE!

   e) Assist patient experiencing moderate to severe allergic reaction symptoms or mild symptoms with a history of life-threatening allergic reaction with the patient's prescribed or EMS service's epinephrine auto-injector or patient's prescribed fast-acting bronchodilator.
   f) **If patient has respiratory depression with decreased LOC, constricted pupils, and provider suspects an opioid/narcotic overdose:**
   Administer naloxone 2 mg IN, dividing administration of the dose equally between the nares to a maximum of 1 mL per nare, **OR** administer 4 mg/0.1 mL IN in one nare.

   Consider additional doses of naloxone.
   g) Identify markings (insects, bites, needlestick, etc.).
   h) Do not apply distal and/or proximal constricting bands for a poisonous snakebite to an extremity. Do remove any jewelry on the affected extremity.

   i) Assist patient experiencing moderate to severe allergic reaction symptoms or mild symptoms with a history of life-threatening allergic reaction with the patient's prescribed or EMS service's epinephrine auto-injector or patient's prescribed fast-acting bronchodilator.
   j) **If patient has respiratory depression with decreased LOC, constricted pupils, and provider suspects an opioid/narcotic overdose:**
   Aged 28 days to adult: Administer naloxone 2 mg IN, dividing administration of the dose equally between the nares to a maximum of 1 mL per nare, **OR** administer 4 mg/0.1 mL IN in one nare.

   Consider additional doses of naloxone.

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Naloxone (Narcan)

1. **Pharmacology**
   Reverses all effects due to opioid (morphine-like) agents. This drug will reverse the respiratory depression and all central and peripheral nervous system effects.

2. **Pharmacokinetics**
   a) Onset of action is within a few minutes with intranasal (IN) administration.
   b) Patients responding to naloxone may require additional doses and transportation to the hospital since most opioids/narcotics last longer than naloxone.
   c) Has no effect in the absence of opioid/narcotic.

3. **Indications**
   To reverse respiratory depression induced by opioid/narcotic agent

4. **Contraindications**
   Patients under 28 days of age

5. **Adverse Effects**
   Opioid withdrawal

6. **Precautions**
   a) Naloxone may induce opiate withdrawal in patients who are physically dependent on opioids.
   b) Certain drugs may require much higher doses of naloxone for reversal than are currently used.
   c) Should be administered and titrated so respiratory efforts return, but not intended to restore full consciousness.
   d) Intranasal naloxone must be administered via nasal atomizer.
   e) Naloxone has a duration of action of 40 minutes; the effect of the opioid/narcotic may last longer than naloxone and patients should be encouraged to be transported.

PROVIDERS MUST CONTACT A BASE STATION PHYSICIAN FOR PATIENTS WISHING TO REFUSE TRANSPORT AFTER BLS ADMINISTRATION OF NALOXONE.

7. **Dosage**
   a) **Adult:** Administer naloxone 2 mg IN, dividing administration of the dose equally between the nares to a maximum of 1 mL per nare, **OR** administer 4 mg/0.1 mL IN in one nare.
   b) Pediatric:
      (1) **Child aged 28 days to adult:**
      Administer 2 mg IN, dividing administration of the dose equally between the nares to a maximum of 1 mL per nare, **OR** administer 4 mg/0.1 mL IN in one nare.
      (2) **Child less than 28 days:**
      Not Indicated

   Repeat as necessary to maintain respiratory activity.