

## EMT NALOXONE ADMINISTRATION FOR SUSPECTED OPIATE OVERDOSEAGE

### WASHINGTON STATE DEPARTMENT OF HEALTH PROTOCOL

#### Indications

- ✓ Respiratory compromise
- ✓ Abnormal breathing
- ✓ RR <6
- ✓ ALOC
- ✓ Pinpoint pupils

#### Contraindications

None when used in a life-threatening emergency

#### Intervention/ Treatment Protocol

##### Scene-Size-Up

- ✓ Personnel Safety
- ✓ Drug paraphernalia (needles, cooking material, pill bottles etc.)

##### Intervention Procedure:

1. Obtain history as possible.
2. Rapid physical assessment:
  - ✓ ALOC
  - ✓ Respiratory rate, abnormal breathing
  - ✓ Pulse rate, BP if possible
  - ✓ Pupillary size, look for pinpoint pupils
  - ✓ Evidence of drug use (needle tracks, syringes, pills, powder)
3. If pulseless, CPR as per ACLS guidelines (delay supraglottic airway).
4. Apnea with pulse, oral airway (not supraglottic airway) ventilate with 100% O<sub>2</sub>.

5. Administer **Naloxone** (Narcan®):
  - i. Open kit and or load 2 mg ( 2 ml) Naloxone in syringe
  - ii. Attach atomizer to syringe
  - iii. Place atomizer into nostril
  - iv. Briskly compress syringe to administer 1 ml of atomized spray
  - v. Remove atomizer and repeat above in the other nostril
6. Reevaluate LOC, respirations, pulse continuously. Perform rescue breathing and CPR as needed. Naloxone IN will take 3-5 minutes to take effect. Spontaneous breathing is the goal.
7. If no improvement in 3-5 minutes, the 2 mg dose may be repeated.
8. Be prepared to manage patient agitation and combativeness.