



Kendall Park First Aid & Rescue Squad Standard Operating Procedures



Suspected Opiate Overdose Protocol

1. Assess the patient's overall appearance, airways, breathing, and circulation, per patient medical assessment protocol. If patient is pulseless, initiate cardio-pulmonary resuscitation (CPR), continue assessment of the patient, but make sure high-quality CPR is maintained at all times. (See note #1.)
2. Manage the airway, as appropriate. If the patient is unresponsive insert a oropharyngeal airway(OPA), if tolerated. Do not insert a nasopharyngeal airway (NPA) if an opiate overdose is suspected.
3. Assist ventilations with bag-valve-mask device, if patient exhibits signs of respiratory depression, failure, or arrest.
4. Administer oxygen, as appropriate, in accordance with oxygen administration guidance. If ventilating patient with a bag-valve-mask, attach supplemental oxygen. Consider use of a Positive End Expiratory Pressure (PEEP) valve, if available.
5. Request Advanced Life Support (ALS) assistance.
6. Complete patient medical assessment protocol, as warranted, considering signs and symptoms of opiate overdose (see note #2).
7. Consider administration of nasal naloxone (Narcan®), if patient exhibits signs of respiratory depression, failure, or arrest accompanied by any signs or symptoms of opiate overdose, especially if patient pupils are pinpointed and the patient displays an depressed mental status. DO NOT administer nasal naloxone until you are able to ventilate the patient.
8. DO NOT administer nasal narcan, if patient history (if available) includes hypersensitivity or allergy to naloxone (Narcan®), nalmefene, or naltrexone. Use cautiously for patients with cardiac disease, supraventricular arrhythmia, head trauma, brain tumor, or poly-substance overdose. In such cases you may want defer administration until arrival of ALS if you are able to ventilate the patient without difficulty.
9. Open an approved naloxone box and remove the pre-filled medication vial and syringe from the box. Check the box and the medication vial for the expiration date to confirm that it is not expired. Also check the solution in the medication box to make sure it is not discolored, cloudy, or contains precipitate. DO NOT use if it is expired, discolored, cloudy, or contains precipitate. Discard and report to a line officer as soon as possible.
10. Remove the caps from both ends of the syringe and insert the medication vial. Attach the mucosal atomizer device (MAD) to the luer lock on the syringe and secure.
11. Insure a suction unit is immediately available and functioning. Also insure that a Automated External Defibrillator (AED) is immediately available in case cardiac arrest occurs after respiratory resuscitation.
12. Place tip of MAD into the right nostril and briskly push the plunger forward, administering 1 ml. (ie., half the medication) into the nostril. Then place the tip of the MAD into the left nostril and briskly push the plunger forward administering the remaining 1 ml. into the nostril.
13. Be prepared to remove the OPA and suction the patient if the patient begins to gag or vomits.
14. Naloxone should take effect in 2-5 minutes.
15. If after 5 minutes, the patient is still not breathing adequately, a second dose may be administered upon authorization by the squad medical director, emergency room physician, or the poison control center [phone: (800) 222-1222].

16. If one dose of naloxone has already been administered by law enforcement or others, a second dose may be administered providing a full assessment, as outlined above, is performed and administration is warranted. Make sure the patient is being adequately ventilated prior to administration and then follow the steps outlined above for administration.
17. After nasal naloxone administration, maintain vigilant airway care and ventilation support. Vomiting and/or pulmonary edema may occur.
18. After resuscitation, monitor for agitation, combativeness, and other withdrawal symptoms should reversal occur (typically over 2-5 minutes).
19. Document dose(s), time(s) of administration, patient response, and any side effects noted (see note #3) in the patient care record and communicate this during transfer of care to ALS and/or the receiving facility staff.
20. All incidents where nasal naloxone was used must be reported to New Jersey Office of Emergency Medical Services within 24 hours via the New Jersey Department of Health web-based Naloxone Reporting Form.

Notes:

1. Nasal naloxone shall only be administered by New Jersey licensed Emergency Medical Technician (EMT).
2. Signs and symptoms of possible opioid overdose include:
 - a. respiratory depression, failure, or arrest
 - b. depressed mental state or unresponsive
 - c. pinpoint pupils
 - d. presence of drugs or drug paraphernalia (use CAUTION with needles, etc.)
 - e. reports of drug use
 - f. diaphoretic
 - g. pale appearance possibly with blue or purple around lips and fingernails.
 - h. vomiting
 - i. bradycardia
 - j. hypotension
3. Side effects of naloxone include: nausea, vomiting, diarrhea, stomach pain, fever, sweating, body aches, weakness, tremors or shivering, fast heart rate, pounding heartbeats, increased blood pressure, feeling nervous, restless, or irritable, goosebumps, shivering, runny nose, yawning; or (in babies younger than 4 weeks old) seizures, crying, stiffness, overactive reflexes.

Approved By:

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Dated : _____

