

Peace Officer Naloxone (Narcan) Standing Order 2014

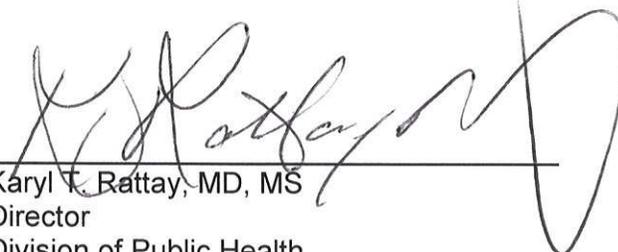


Effective: September 30, 2014

Approved by the EMS Medical Directors: August 20, 2014
Added IM Delivery Device: January 28, 2015

Approved by the Advanced Life Support Subcommittee of the Board of Medical License and Discipline:
August 26, 2014

Approved by the Board of Medical Licensure and Discipline: September 9, 2014
Added IM Delivery Device: February 3, 2015



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Peace Officer Naloxone (Narcan) Standing Order

Available to Peace Officer Agencies that Select to Participate on Written Approval of the State EMS Director and State EMS Medical Director

INDICATIONS: Respiratory distress as evidenced with slow respirations or no breathing (apnea). This protocol will allow Peace Officers to treat patients with a history based on bystanders, provider's prior knowledge of the patient, or suspicion of potential narcotic overdose as evidenced by nearby medications or drug paraphernalia.

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- Perform scene survey.
 - Scene Safety
 - Observe body substance isolation (BSI) precautions. (Follow your agency's infection control policy and Infection Control Protocol.)
 - Observe patient position and surroundings that have contributed to the injury.
 - Check for level of consciousness
 - Initiate or verify that there is an EMS response
 - Manage airway, breathing, and circulation per American Heart Association CPR standards.
 - Be alert to signs of trauma on physical exam.
 - Manage cervical spine as needed.
 - Consider the administration 1 mg Naloxone (Narcan®) IN (intranasal via the LMA MAD Nasal™ device) to provide for a patent, self-maintained airway and adequate respirations. 4.
 - Prepare a prefilled syringe with 2 mg (2 ml) of naloxone and attach nasal atomizer
 - Place atomizer within the nostril
 - Briskly compress syringe to administer 1 ml of atomized spray.
 - If no improvement in the patient's respiratory status after two (2) minutes, a second dose of 1 mg of Naloxone may be given in the opposite nostril.
 - **Caution:** patients with near complete reversal of a narcotic overdose **may become very agitated and combative.**
 - It is not safe to allow a narcotic overdose patient to refuse service after receiving Naloxone.
 - Continue to manage the patient's airway until they are breathing adequately and are able to protect their airway from aspirating vomitus.
 - Do not delay safe transport to await results of treatment.
 - If there is no response to Naloxone (Narcan®) within five minutes, consider other causes of altered mental status.

- Give a verbal report to responding Emergency Medical Service providers.

Medication and Administration Device:

NALOXONE (NARCAN®)

Description: Naloxone is an opioid antagonist.

Pharmacology: Naloxone is a competitive narcotic antagonist, which reverses all effects of opioids (i.e. morphine), such as respiratory depression and central and peripheral nervous system effects.

Indications: Naloxone is indicated to reverse respiratory and central nervous system depression induced by opioids.

Onset/Duration: The onset of action is within a few minutes following an intravenous dose, whereas intramuscular and endotracheal/intranasal administration results in a slower onset of action. The duration of action is approximately 30-60 minutes.

Contraindications: Naloxone is contraindicated in hypersensitivity.

Warnings: Naloxone may induce opiate withdrawal in patients who are physically dependent. Certain drugs such as propoxyphene (Darvon) may require much higher doses of naloxone for reversal than we currently carry.

Drug Interactions: Naloxone is incompatible with bisulfite and alkaline solutions.

Adverse Reactions: Adverse reactions may include tachycardia, hypertension, dysrhythmias, nausea, vomiting, and diaphoresis.

Dosage and Routes of Administration: Consider the administration of 0.4 - 2 mg naloxone (Narcan®) IV, IN, or IM to provide for a patent, self-maintained airway and adequate respirations. For pediatric patients, consider the administration of up to 0.1 mg/kg naloxone (Narcan®) IV, IN, or IM (maximum dose is 2 mg) for suspected drug overdose.

Storage: Store at 20-25°C (68-77°F). Protect from light.



Peace Officer Naloxone (Narcan) Standing Order (IM alternative)

Available to Peace Officer Agencies that Select to Participate on Written Approval of the State EMS Director and State EMS Medical Director

INDICATIONS: Respiratory distress as evidenced with slow respirations or no breathing (apnea). This protocol will allow Peace Officers to treat patients with a history based on bystanders, provider's prior knowledge of the patient, or suspicion of potential narcotic overdose as evidenced by nearby medications or drug paraphernalia.

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- Perform scene survey.
 - Scene Safety
 - Observe body substance isolation (BSI) precautions. (Follow your agency's infection control policy and Infection Control Protocol.)
 - Observe patient position and surroundings that have contributed to the injury.
 - Check for level of consciousness
 - Initiate or verify that there is an EMS response
 - Manage airway, breathing, and circulation per American Heart Association CPR standards.
 - Be alert to signs of trauma on physical exam.
 - Manage cervical spine as needed.
 - Consider the administration 0.4 mg Naloxone (Narcan®) IM (intramuscular via the auto injector device) to provide for a patent, self-maintained airway and adequate respirations.
 - The auto injector may be administered through clothing if necessary.
 - Inject while pressing into the anterolateral aspect of thigh. (image on page 4)
 - The injector can be used only once.
 - Discard used auto injector in a sharps container.
 - If no improvement in the patient's respiratory status after two (2) minutes, a second dose of 0.4 mg of Naloxone IM may be given in the opposite leg.
 - **Caution:** patients with near complete reversal of a narcotic overdose **may become very agitated and combative.**
 - It is not safe to allow a narcotic overdose patient to refuse service after receiving Naloxone.
 - Continue to manage the patient's airway until they are breathing adequately and are able to protect their airway from aspirating vomitus.
 - Do not delay safe transport to await results of treatment.
 - If there is no response to Naloxone (Narcan®) within five minutes, consider other causes of altered mental status.

- Give a verbal report to responding Emergency Medical Service providers.
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