

Public Safety Personnel Naloxone (Narcan®) Standing Order



Effective: September 25, 2018

Approved by the EMS Medical Directors: June 6, 2018

Approved by the Advanced Life Support Subcommittee
of the Board of Medical License and Discipline: July 25, 2018

Approved by the Board of Medical Licensure and Discipline: September 18, 2018

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Public Safety Personnel Naloxone (Narcan) Standing Order

Available to Public Safety Personnel 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 Public Safety Personnel 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.

- 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
 - Begin CPR if appropriate
 - Be alert to signs of trauma on physical exam.
 - Manage cervical spine as needed.
 - Consider the administration 1mg Naloxone (Narcan[®]) IN (intranasal via the LMA MAD Nasal™ device) to provide for a patent, self-maintained airway and adequate respirations.
 - Prepare a prefilled syringe with 2 mg (2ml) of naloxone and attach nasal atomizer
 - Place atomizer within the nostril
 - Briskly compress syringe to administer 1ml of atomized spray.
(Half of the prefilled syringe)
 - If no improvement in the patient's respiratory status after four (4) minutes, a second dose of 1mg 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.
 - Give a verbal report to responding Emergency Medical Service providers.
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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.

Dosage and Routes of Administration: Consider the administration of 0.4 mg IM or 2 mg **IN** of naloxone (Narcan®) to provide for a patent, self-maintained airway and adequate respirations.

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



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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
 - Begin CPR if appropriate
 - 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.
 - o The auto injector may be administered through clothing if necessary.
 - o Inject while pressing into the anterolateral aspect of thigh. (image on page 5)
 - o The injector can be used only once.
 - o Discard used auto injector in a sharps container.
 - If no improvement in the patient's respiratory status after four (4) minutes, a second dose (auto-injector) 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.
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