Opiate Overdose

Initial actions:

- Conduct scene size up, primary assessment, & immediate life-saving interventions. Have airway, ventilation & suction devices nearby & ready. Delay the insertion of a lubricated nasopharyngeal airway until **after** the administration of Naloxone to permit absorption.
- Promptly administer oxygen by NRB or BVM at 10-15 liters/minute as needed. If available monitor SpO_2.
- Request Advanced Life Support (ALS) considering their availability & hospital proximity.
- Obtain baseline vital signs, SAMPLE history, & conduct a secondary assessment attentive to respiratory depression, failure, or arrest.

Respiratory depression, secondary to an opiate overdose, is primarily managed by continuous, attentive airway care & ventilatory support. If available, reversal therapy with naloxone can be secondarily considered after ventilatory support with the *goal* to increase respiratory effort and increase respirations due to depression.

Prompt transport is important – DO NOT delay transport to administer this treatment.

Therapy	**Naloxone (Narcan ®)**
Form	Solution for atomized intranasal administration (IN) Solution for intramuscular (IM) auto-injector administration
Source	Supplied by OEMS registered & approved EMT/agency under a Medical Director
Authorization	EMTs operating for a registered agency who successfully complete OEMS approved training while operating under the agency Medical Director's approved protocol.
Age	No restriction, but for patients under 5 years old on-line consultation with medical control and/or Medical Director protocol is required.
Indications	Patients with respiratory depression or arrest secondary to known or suspected opiate overdose (as evidenced by pinpoint pupils, depressed mental status, etc.).
Contraindications	• Hypersensitivity or allergy to naloxone (Narcan ®), nalmefene, or naltrexone • Medication is discolored, cloudy, precipitated, or expired. • Use cautiously with cardiac disease, supraventricular arrhythmia, head trauma, brain tumor, or poly-substance overdose
Adverse effects	• Agitation/Combative • Nausea • Vomiting • Diarrhea • Tremulousness • Diaphoresis • Tachycardia • Seizures • Dyspnea • Abdominal cramps • Increased Blood Pressure • Cardiac Arrest/Ventricular Fibrillation • Pulmonary Edema **The adverse effects following naloxone administration, particularly in chronic opioid users & abusers, may place the patient, emergency personnel & bystanders at risk.**
Administration	**IN & IM auto-injector administration are the only authorized routes for EMTs** **Intranasal (IN) Administration** • Assemble prefilled syringe & mucosal atomizer device (MAD). • Place tip of MAD into the nostril & briskly push the plunger forward, administering 1 mL (1mg, half the medication) into each nostril (1 mg/mL per nare) (Naloxone should take effect in 2-5 minutes) • Medication may be titrated up to 2mg if authorized by the Medical Director to do so. **Intramuscular (IM) auto-injector administration** • Administer 0.4mg of Naloxone via IM auto-injector to the lateral thigh according to the manufacturer's recommendations. • Properly dispose of auto-injector in sharps container.
• Maintain vigilant airway care & ventilation support. Be prepared to remove oropharyngeal airway, suction, & use a nasopharyngeal airway if gag reflex returns after medication administration (vomiting and pulmonary edema may occur). • Monitor for agitation, combativeness, and other withdrawal symptoms should reversal occur (typically over 2-5 minutes). • Have AED nearby and ready; misled by a sedated appearance, Ventricular Fibrillation cardiac arrest may develop after treatment.	
Documentation	• Note dose(s) & time(s) of administration & patient response & communicate this during transfer of care to ALS and/or receiving facility staff. • All incidents where an EMT has administered Naloxone shall be reported to OEMS within 24 hours via DOH web-based Naloxone Reporting Form.

EMTs may administer IN or IM auto-injector naloxone to persons suspected of suffering from an opioid overdose ONLY upon successful completion of training & with the approval of their Medical Director. EMTs may administer an additional dose of IN or IM auto-injector naloxone to persons suspected of suffering from an opioid overdose even if an on scene police officer or lay person has already administered one dose or after contacting their respective Medical Director or NJ Poison Control at 1-800-222-1222 for medical direction.