

Suspected Opioid Overdose Management Protocol using Naloxone

revised October 2008



Preamble

Illicit drug abuse is increasingly common. Opioid overdose can lead to respiratory depression and death if not managed appropriately. Opioid receptor antagonists such as naloxone (narcan™) can be used to temporarily reverse the adverse side effects of opioids.

Requirements

1. Fully licensed Technician-Paramedic.
2. Certification in suspected opioid overdose management using naloxone protocol by the Medical Director.
3. Certification in hypoglycemia protocol by the Medical Director.
4. Certification in intravenous cannulation protocol by the Medical Director.

Indications

1. Patient with decreased level of consciousness.

Contraindications

1. Patient age less than 12 years.

Drug Dose and Frequency

naloxone (narcan™)

0.4 mg IV, IM or SC as an initial dose

repeat dose may be given in 3-5 mins prn

maximum total dose: 2 mg

Procedure

1. Perform patient assessment and record vital signs, level of consciousness, and pupil size.
2. Assess that patient meets criteria for this protocol.
3. Ensure there are no contraindications to use of this protocol.
4. Initiate basic life support treatment measures, including supplemental oxygen.
 - these take precedence over management using this protocol
5. Establish intravenous line using normal saline, TKVO.
6. Determine the patient's serum glucose by glucometry.
7. If the patient is hypoglycemic (blood sugar < 4.0 mmol / L), treat as per the hypoglycemia protocol.
8. If the patient is not hypoglycemic and the patient has a respiratory rate less than 12 per minute, administer naloxone.
9. Reassess the patient for a response to treatment.
 - a) if hypoglycemic initially, repeat the serum glucose – if persistent, treat as per the hypoglycemic protocol
 - b) if not hypoglycemic and respirations remain less than 12 per minute, repeat naloxone.
10. Initiate transport, unless other emergency condition required immediate treatment.
11. Monitor and reassess patient en route.
12. Notify receiving facility of patient's condition and medication used.

Charting & Documentation

The following information must be charted on the patient care report form:

1. Patient's presenting signs and symptoms, including vital signs, level of consciousness, and pupil size.
2. Indications for protocol use.
3. Dose(s), time(s), and effect(s) of naloxone used.

4. Repeat assessment and vital signs, as indicated.
5. Changes from baseline, if any, that occur during treatment or transport.
6. Signature and license number of EMS personnel performing any transfer of function skills.

Certification

1. Attend in-depth classes and lectures on altered levels of consciousness, hypoglycemia, and opioid overdose.
2. Demonstrate an understanding of the etiology, pathophysiology, and management of altered levels of consciousness.
3. Understand pharmacology and mechanism of action of naloxone.
4. Pass a written examination.
5. Certification is by the Medical Director.

Recertification

1. Review class and recertification is done every 12 months.
2. A record will be kept to document all cases where this protocol is used.

Decertification

1. Decertification is at the discretion of the Medical Director or the Provincial Medical Director, Emergency Medical Services, Manitoba Health & Healthy Living.

Quality Assurance

1. Appropriate quality assurance policies must be in place. The Medical Director or designate must review all instances where this protocol is used. As a minimum, the following must be assessed:
 - i) appropriateness of implementation
 - ii) adherence to protocol
 - iii) any deviation from the protocol
 - iv) corrective measures taken, if required or indicated

2. Yearly statistics must be compiled and forwarded to Emergency Medical Services, Manitoba Health & Healthy Living.