



**Naloxone Administration By BLS Personnel For Suspected Opioid Overdose**

Approval: Troy M. Falck, MD – Medical Director

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Approval: Victoria Pinette – Executive Director

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- **BLS personnel (EMT, EMR, or Public Safety First Aid) must be functioning under the oversight of an S-SV EMS approved BLS optional skills provider to administer intranasal (IN) naloxone to patients**
- **IN naloxone Indication (both must apply):**
  1. **Environment is suspicious for use of opioids, *AND***
  2. **Victim is unconscious/poorly responsive and respiratory (breathing) rate appears slow (< 12) or shallow/inadequate; or victim is unconscious and not breathing**

**BLS**

- Ensure that appropriate EMS units have been requested (BLS/LALS/ALS)
- Utilize personal protective equipment
- Stimulate victim to determine if the person will awaken
- Assess respiratory status, manage airway and assist ventilations as appropriate
- If pulseless, begin chest compressions
- Provide high flow O<sub>2</sub> using appropriate delivery devices (if approved/available)
- **If no response to stimulation and continued poor/absent breathing, administer naloxone**

**Naloxone 2 mg Preload Syringe**

- Assemble 2 mg syringe and atomizer
- Administer ½ dose (1 mg) into each nostril
- If the patient does not respond, or responds briefly then relapses, you may administer additional doses every 2-3 minutes
- **Do not administer if advanced airway is in place & patient is being adequately ventilated**

**NARCAN™ Nasal Spray 4 mg preloaded single dose device**

- Administer full dose in one nostril
- If the patient does not respond, or responds briefly then relapses, you may administer additional doses every 2-3 minutes, alternating nostrils with each dose
- **Do not administer if advanced airway is in place & patient is being adequately ventilated**

- Observe for improved breathing and consciousness, if breathing or consciousness do not improve, assist breathing with bag-valve-mask (if available), or begin CPR if appropriate
- If CPR is not necessary and it is possible, place patient on left side to avoid inhaling any vomit
- Use naloxone with caution in patients with significant trauma who have not been adequately immobilized – consider the concurrent need for appropriate immobilization/spinal motion restriction
- If response to naloxone, be alert for sudden, agitated behavior or symptoms of opioid withdrawal, such as vomiting, abdominal cramps, or sweating
- Report administration of naloxone to appropriate EMS personnel
- Complete naloxone utilization report and submit a copy to S-SV EMS