



## NALOXONE ADMINISTRATION

**INDICATION:** Suspected narcotic overdose, when response unit is stocked and equipped for naloxone administration.

### **BLS STANDING ORDERS:**

1. Confirm ALS is enroute.
2. Identify patient as suspected narcotic overdose:
  - Suspected narcotic overdose by history and environment, AND
  - Victim is poorly responsive and respiratory rate appears slow or shallow; or victim is unresponsive and not breathing.
3. Use personal protective equipment (gloves, face shield).
4. Stimulate victim to determine if the person will awaken. If required, start CPR.
5. If no response to stimulation but pulse is present and continued poor breathing, administer:

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

- Administer full dose in one nostril
- If partial response in breathing or consciousness, repeat 4 mg preloaded single dose administration in nostril opposite to first dose.

OR

*Naloxone (generic):*

- Assemble 2 mg naloxone in syringe and atomizer
  - Administer 1 mg into each nostril (1/2 total dose into each nostril)
  - If partial response in breathing or consciousness, repeat 2 mg, 1 mg into each nostril.
6. After naloxone administration, observe for improved breathing and consciousness; if breathing or consciousness do not improve, assist breathing with bag-valve-mask or begin CPR if appropriate.
  7. If responds to naloxone, be alert for sudden, agitated behavior or symptoms of opioid withdrawal, such as vomiting, abdominal cramps, or sweating.
  8. If CPR not necessary and it is possible, place patient in left lateral position to avoid aspiration.
  9. Prepare patient for transport, protect airway as possible, and await ALS personnel.

Approved: \_\_\_\_\_

Review Dates: N/A  
Final Date of Implementation: 10/01/2017  
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