WREMAC

Western Regional Emergency Medical Advisory Committee

ALLEGANY, CATTARAUGUS, CHAUTAUQUA, ERIE,
GENESEE, NIAGARA, ORLEANS, AND WYOMING COUNTIES

To: All WREMAC Agencies
FROM: WREMAC and Program Agencies
RE: BLS Nasal Naloxone
Date: 3/5/14

Thank you for your interest in the Basic Life Support (BLS) Naloxone Administration program. The goal of this program is to provide faster appropriate care to Opioid Overdose patients in our region.

Before beginning this program, agencies must:

1. Create polices and procedures as described in Policy Statement 10-13.
2. Provide training as described in Policy Statement 10-13, and FAQ #16. Please note the WREMAC has created a PowerPoint that may be used instead of the video.
3. Have a plan in place to comply with the QA requirements as described in Policy Statement 10-13, and FAQ #1.
4. Turn in a Letter of intent (including medial director signature) to their program agency.

The letter of intent and medical director verification are the only forms that must be turned in. Agencies may begin as soon as they confirm their paperwork has been received by the program agency (They do not need to wait for the next WREMAC approval).

This information packet will help your agency with all of the requirements. Please call your program agency if you have any questions.

Niagara, Orleans, & Genesee Counties
Lake Plains Community Care Network
575 East Main Street
Batavia, NY 14020
Phone: 585-345-6110
Fax: 585-345-7452
www.lpccnems.org

Director: Charlotte Crawford
ccrawford@lakeplains.org

Wyoming & Erie Counties
Office of Prehospital Care
462 Grider Street
Buffalo, New York 14215
Phone: 716-898-3600
Fax: 716-898-5988
www.opcems.org

Director: Scott Wander
swander@ecmc.edu

Chautauqua, Cattaraugus, & Allegany Counties
Southern Tier EMS (STEMS)
One Blue Bird Square
Olean, New York 14760
Phone: 716-372-0614
Fax: 716-372-5217
www.sthcs.org

Director: Donna Kahm
dkahm@sthcs.org

WREMAC BLS Naloxone Administration Program
Information Packet

1. Agency Letter of Intent
2. Medical Director Verification Form
3. Frequently Asked Questions
4. Sample Internal QA form (agencies may use this or make their own)
5. Sample Policies and Procedures (agencies may use this or make their own)
6. Policy Statement 10-13: Intranasal Naloxone for Basic Life Support EMS Agencies
7. NYS BLS Altered Mental Status Protocol (Revised to include BLS Naloxone)
8. Naloxone BLS Drug Formulary Sheet

WREMAC Agency Letter of Intent for Participation in the BLS Naloxone Administration Program

We the members of _____ hereby request
(name of agency)
permission to participate in the WREMAC BLS Naloxone Administration Program

We agree to abide by the following:

1. All necessary equipment and IN Naloxone trained personnel will be provided on a twenty-four (24) hour per day, seven (7) days a week schedule.

2. All providers will complete the required Naloxone training.

3. Our agency is regionally certified at the CFR level, or above.

4. All agency and personnel must follow all policies, procedures and protocols set forth by the WREMAC and NY State.

5. Our agency will provide and document annual BLS Naloxone updates with competency skill testing for all active providers.

6. Our agency agrees to perform (internal) quality assurance evaluations on each administration for the initial six months of the program, or longer at the request of the medical director.

7. If our agency, or one of our personnel disregards these guidelines and/or other applicable protocols, the privilege of providing pre-hospital Naloxone treatment may be revoked or suspended by the WREMAC.

8. Any changes to the Required Agency Information will be reported to WREMAC within 30 business days.

The signatures below certify that the above conditions will be maintained and that we will be responsible for all aspects of participation in this Regional program.

_____ _____

Agency Captain/President *Agency Medical Director*

_____ _____

Date *Date*

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Medical Director Verification

Notice to Service

Please identify the physician providing Quality Assurance oversight to your individual agency. If your agency provides Defibrillation, Epi-Pen, Blood Glucometry, Albuterol or Advance Life Support (ALS), you must have specific approval from your Regional EMS Council's Medical Advisory Committee (REMAC) and oversight by a NY state licensed physician. If you change your level of care to a higher ALS level, you must provide the NYS DOH Bureau of EMS a copy of your REMAC's written approval notice.

If your service wishes to change to a lower level of care, provide written notice of the change and the level of care to be provided, and the effective date of implementation, to your REMAC with a copy to the NYS DOH Bureau of EMS.

If your agency has more than one Medical Director, please use copies of this verification and indicate which of your operations or REMAC approvals apply to the oversight provided by each physician. Please send this form to your DOH EMS Central Office for filing with your service records.

Check all special regional approvals and the single highest level of care applicable to your agency

☐ Defibrillation / PAD (BLS Level Services)
☐ Epi Pen
☐ Albuterol
(Epi / Albuterol / Blood Glucometry per regional protocol)
☐ Blood Glucometry
☐ Naloxone

☐ Paramedic Level of Care
☐ Critical Care Level of Care
☐ AEMT Level of Care
☐ Controlled Substances (BNE License on file)

EMS Agency (Please Type or Print Legibly)

Agency Name _____

Agency Code Number _____

Agency Type ☐ Ambulance ☐ ALSFR ☐ BLSFR

Agency CEO _____
Name

Medical Director _____
Name

_____
NYS Physician's License Number

Ambulance/ALSFR Agency Controlled Substance License # if Applicable: 03C – _____

Ambulance/ALSFR Agency Controlled Substance License Expiration Date: _____

Medical Director Affirmation of Compliance

I affirm that I am the Physician Medical Director for the above listed EMS Agency. I am responsible for oversight of the pre-hospital Quality Assurance/Quality Improvement program for this agency. This includes medical oversight on a regular and on-going basis, in-service training and review of Agency policies that are directly related to medical care.

I am familiar with applicable State and Regional Emergency Medical Advisory Committee treatment protocols, policies and applicable state regulations concerning the level of care provided by this Agency.

If the service I provide oversight to is not certified EMS agency and provides AED level care, the service has filed a Notice of Intent to Provide Public Access Defibrillation (DOH-4135) and a completed Collaborative Agreement with its Regional EMS Council.

Medical Director _____
Signature

_____
Date of Signature

BLS Administration of Naloxone to Reverse Opioid Overdose
Frequently Asked Questions

(FAQs 1, 15, 16, and 17 are WREMAC specific)

1. What is the reporting or follow-up process after we administer the medication?

For the first 6 months, after you give a dose of the Naloxone you must perform an internal QA review. You may use your existing QA process or the WREMAC sample QA form. You must keep a record of this call and your QA review. At this time you do not need to submit this data to the program agencies or WREMAC, but must submit it if requested.

2. Can you use Naloxone if you don't know what the person took?

Yes, but you should be pointed towards the fact that it's an opiate. Something should give you the information that the person has an overdose that you will be able to reverse. Pin point pupils in an unknown overdose without breathing or with very little breathing. That would be the sign that it would likely be an opioid overdose and someone should use the Naloxone on them.

3. Will Naloxone work for someone that is pulseless and that isn't breathing?

An opioid overdose can cause someone to go into a cardiac arrest, but if the heart is not beating medication in their nose isn't going to be circulated through their body and it's not going to help. It's something that might be used by paramedics or critical care techs as part of their resuscitation for the patient, but won't help initially until they regain spontaneous circulation.

4. How much time after the overdose do you have to administer the Naloxone?

It will not work on cardiac arrest, but any patient not breathing well will benefit from the Naloxone if they took an opiate and that's the reason, so those are the patients we are going to give it to. They don't have to be breathing at all for the medicine to work because where it's absorbed is on the mucosal surface on the inside of the nose. It's not absorbed in the lungs with them breathing it in and out.

5. Are there any situations where there may be difficulty with administration or uptake of the medication?

Generally, there are very few problems with administering the medication or uptake of the medication by the nasal mucosa. Here are some possible problems to be aware of:

- Drugs like cocaine which are vasoconstrictors can prevent absorption.
- Bloody nose, nasal congestion, mucous discharge- will decrease effectiveness of nasal medication.
- Lack of nasal mucosa as a result of surgery, injury or cocaine abuse may also decrease absorption through nose.
- If given more medication than 1ml or more per nostril, it's likely to run off.

6. Does it matter if a person overdosed on a prescription drug as opposed to a street drug such as Heroin?

It doesn't. Both prescription and non-prescription opiate medications will be reversed by Naloxone. Some of these medications will require more Naloxone than others, but it will work. Common street drugs like Heroin will be reversed by this. Common prescription medications like MS Cantin, Vicodin, Lortab, Percocet, Oxycodone, and other opioid medications will be reversed by Naloxone as well.

7. Can we use this medication to determine what they did take?

If somebody is altered, don't give them this medicine. If they are hypo-ventilatory, and not breathing well enough, then they can get the Naloxone. Nalooxone is not for trying to figure out what they took but trying to start them breathing by reversing the opioid they have on board.

8. Would this work on somebody who's consumed a Fentanyl Patch?

Absolutely. It will work on someone that took Fentanyl or took a Fentanyl Patch. The Fentanyl Patches have an incredible amount of medication in them. It's a long acting medication that is designed for

application over 3 days. If someone consumes a Fentanyl Patch, they may have a little bit of resolution with their symptoms with their initial dose of Naloxone, but they may need more. So it's definitely a patient who if you have the ability to get more Naloxone to the scene, into the patient or meet other crews en route to the hospital who can give you more Naloxone, it's definitely a patient who needs it.

9. What if we give the Naloxone to someone who doesn't need it?

If there isn't an opioid on board for that patient, there will be no effect from the Naloxone.

10. Can you give the medication is the patient is seizing?

If the patient is actively seizing it is unlikely that they will be overdosing on an opioid medication. However, if they are not breathing and they begin to tremor, it may be because of hypoxia. If there are any questions, contact a medical control physician.

11. Do you have to call a doctor before administering the medication?

No. With this project, there is a standing order that allows EMT-B to administer the medication.

12. How long before administering another dose?

If there is no response, or limited response, you may give another dose in 10 minutes.

13. Can the medication be applied sublingually if there is no access to the nose due to injury or other issue?

No. The nature of the lining of the mouth is different than the nasal mucosa. Naloxone must be administered via the nose.

14. Is the medication temperature sensitive?

Yes, but not terribly so. This medication can be safely stored with your EpiPen.

15. What does an agency need to do to participate?

In order to participate in the BLS intranasal naloxone program, the EMS agency must have approval from its medical director, complete the approved training and make notification to the WREMAC.

16. What are the approved trainings for WREMAC agencies?

Providers may use the state approved training video, review the written materials and attend a brief supervised practice session. The video is available at:

http://hivtrainingny.org/account/logon?crs=821. This will take you to the DOH website which has the training video and associated materials. To access the materials, you must establish an account which is free and takes only a couple of minutes. Once you establish an account, you will be directed to the training materials.

or

Providers may attend a live in-service by a Medical Director (or designee) utilizing the WREAMC approved PowerPoint, review the written materials and attend a brief supervised practice session. The PowerPoint is available at:

www.wremac.org.

17. Can ALS providers utilize intranasal naloxone?

EMT-I provider mays participate in the BLS naloxone program under the same requirements as EMT-Bs. AEMTs, EMT-CCs or Paramedics may administer IN naloxone as part of the existing WREMAC protocol.

New York State Public Safety Naloxone Quality Improvement Usage Report

Version: 3/10/2015

Date of Overdose: ☐☐/☐☐/☐☐

Arrival Time of Responder: ☐☐:☐☐ ◯ AM ◯ PM

Arrival Time of EMS: ☐☐:☐☐ ◯ AM ◯ PM

Agency Case #: _____ Gender of the Person Who Overdosed: ◯ Female ◯ Male ◯ Unknown Age: ☐☐

ZIP Code Where Overdose Occurred: _____ County Where Overdose Occurred: _____

Aided Status Prior to Administering Naloxone: (*Check one in each section.*)

Responsiveness: ◯ Unresponsive ◯ Responsive but Sedated ◯ Alert and Responsive ◯ Other (specify): _____

Breathing: ◯ Breathing Fast ◯ Breathing Slow ◯ Breathing Normally ◯ Not Breathing

Pulse: ◯ Fast Pulse ◯ Slow Pulse ◯ Normal Pulse ◯ No Pulse ◯ Did not Check Pulse

Aided Overdosed on What Drugs: (*Check all that apply.*)

☐ Heroin ☐ Benzos/Barbiturates ☐ Cocaine/Crack ☐ Buprenorphine/Suboxone ☐ Pain Pills ☐ Unknown Pills

☐ Unknown Injection ☐ Alcohol ☐ Methadone ☐ Don't Know ☐ Other (specify): _____

Administration of Naloxone **Number of naloxone vials used:** ◯ 1 vial ◯ 2 vials ◯ 3 vials ◯ 4 vials ◯ > 4 vials

How long did 1st dose of naloxone take to work: ◯ < 1 minute ◯ 1-3 minutes ◯ 4-5 minutes ◯ >5 minutes ◯ Don't Know ◯ Didn't Work

Aided's response: ◯ Combative ◯ Responsive & Angry ◯ Responsive & Alert ◯ Responsive but Sedated ◯ Unresponsive but Breathing ◯ No Response

If 2nd dose given, was it: ◯ IN (instranasal) ◯ IM (intramuscular) ◯ IV (intravenous)

How long after 1st dose was 2nd dose administered: ◯ < 1 minute ◯ 1-3 minutes ◯ 4-5 minutes ◯ >5 minutes ◯ Don't Know

Aided's response: ◯ Combative ◯ Responsive & Angry ◯ Responsive & Alert ◯ Responsive but Sedated ◯ Unresponsive but Breathing ◯ No Response

Post-naloxone symptoms: (*Check all that apply.*)

☐ None ☐ Dope Sick (e.g. nauseated, muscle aches, runny nose and/or watery eyes) ☐ Respiratory Distress

☐ Seizure ☐ Vomiting ☐ Other (specify): _____

What Else was Done by the Responder: (*Check all that apply.*)

☐ Yelled ☐ Shook Them ☐ Sternal Rub ☐ Recovery Position ☐ Bag Valve Mask ☐ Mouth to Mask ☐ Mouth to Mouth

☐ Defibrillator (if checked, indicate status of shock): ◯ Defibrillator - no shock ◯ Defibrillator - shock administered

☐ Chest Compressions ☐ Oxygen ☐ Other (specify): _____

Was Naloxone Administered by Anyone Else at the Scene: (*Check all that apply.*)

☐ EMS ☐ Bystander ☐ Other (specify): _____

Disposition: (*Check one.*) ◯ Transported by EMS ◯ EMS Transport Refused ◯ Other (specify): _____

Did the Person Live: ◯ Yes ◯ No ◯ Don't Know

Hospital Destination: _____ **Transporting Ambulance:** _____

Comments: _____

Administering Responder's Information:

Agency: _____ ◯ Police ◯ Fire ◯ EMS Badge #: _____

Last Name: _____ First Name: _____

Please send the completed form to the NYS Department of Health using any one of the three following methods:

E-mail: stems@sthcs.org

Fax: (716) 372-5217

Mail: Southern Tier Health Care System, Inc. - STEMS
One Blue Bird Square
Olean, New York 14760

Basic Life Support Intranasal Naloxone Program

Agency Name: _____ **Effective Date:** _____

BEMS Policy Statement 10-13 requires agencies develop written policies and procedures for BLS Naloxone use that are consistent with state and local protocol. Agencies may use this WREMAC sample policy or create their own policy to comply with this requirement.

1. Policies and procedures for the EMS training, credentialing and continuing education:
   a. In order to meet the Training Requirement provider must:
      i. View the State Training video or Attend a Live In-service
      ii. Review the written material
      iii. Attend a brief supervised practice session
   b. In order to meet the credentialing requirements, providers must:
      i. Complete the training requirements
      ii. Have a valid CFR, EMT-B or AEMT certification
      iii. Meet all WREMAC provider credentialing requirements
   c. In order to ensure our providers maintain their competency, continuing education will be provided by: _____

2. The agency will maintain a roster of credentialed users, and their training.

3. The agency will ensure an appropriate patient care record is completed for all administrations.

4. For the first 6 months, the agency will internally QA 100% of BLS Naloxone administration, using the WREMAC QA form, and forward to their Medical Director to review including appropriateness.

5. Naloxone kits will be kept in the following location:
   _____

6. Additional Naloxone will be kept in the following location:
   _____

7. Naloxone will be stored and secured in the following manner:
   _____

8. Medication and administration devices will be disposed of in a sharps container after use.

9. All medications should be checked at least monthly to ensure they have not expired. Expired medications should be replaced immediately.

10. Members who do not meet the credentialing requirements for naloxone use (BLS or ALS), may not store, handle or administer naloxone.

New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supercedes/Updates: ***New***

No. 13 - 10

Date: Dec. 10, 2013

Re: Intranasal Naloxone (Narcan®) for Basic Life Support EMS Agencies

At the October, 2013 meeting of the New York State Emergency Medical Advisory Committee (SEMAC), the administration of naloxone (Narcan®) using a mucosal atomizer device (MAD) for patients experiencing opioid overdoses was approved for use by certified Basic Life Support EMS providers in Basic Life Support (BLS) EMS agencies. The Commissioner of Health has approved the administration of intranasal naloxone as a part of the scope of practice for certified Basic Life Support EMS providers in New York State.

The purpose of this policy is to explain the process for agencies wishing to implement an intranasal naloxone program. The addition of administration of intranasal naloxone is intended to provide prompt emergency medical care to patients with symptomatic acute opioid overdoses as described in prehospital protocol.

In order to participate in the BLS intranasal naloxone program, the EMS agency must have approval from its medical director, complete the approved training program which includes watching a video, reviewing written materials and a brief supervised practice session and make notification to the local Regional Emergency Medical Advisory Committee (REMAC).

BLS INTRANASAL NALOXONE PROGRAM

The SEMAC has approved an amendment to the Altered Mental Status protocol in the New York State CFR and EMT/AEMT BLS Protocols which will enable EMS agencies and certified Basic Life Support EMS providers to administer intranasal naloxone to patients experiencing an acute opioid overdose. A NYS EMS Lesson Plan Guide has been developed for use by EMS course sponsors. Additionally, the REMAC may approve training programs and determine the type and level of record keeping and quality assurance requirements for this procedure.

PARTICIPATION

EMS agencies intending to participate in the intranasal naloxone program, must:

1. Notify the local REMAC in writing;
2. Utilize an intranasal naloxone kit that contains the following:
    a. Two (2)- naloxone hydrochloride pre-filled Luer-Lock **(needleless)** syringes containing 2mg/2ml
    b. Two (2)- mucosal atomization devices (MAD): and
    c. One (1)- container for security/storage

Additionally EMS agencies must do the following as a minimum:

1. Develop written policies and procedures for the intranasal naloxone program that are consistent with state and local protocol. This shall include, but not be limited to the following:

    - policies and procedures for the EMS training, credentialing and continuing education;
    - documentation of credentialed users;
    - appropriate patient documentation;
    - a defined quality assurance program, including appropriateness review by the medical director;
    - policies and procedures for:
        - > inventory;
        - > storage, including environmental considerations;
        - > security; and
        - > proper disposal of medication and administration devices.

2. Perform quality assurance evaluations on each administration for the initial six (6) months of the program, or longer at the request of the medical director.

3. Provide data to the REMAC upon request.

CONCLUSION

With a growing number of prehospital opioid overdoses throughout the NYS, all EMS agencies are encouraged to train their certified BLS providers in the administration of intranasal naloxone) and stock the medication and mucosal atomizer devices (MAD) on their certified EMS response vehicles. The addition of intranasal naloxone has life-saving benefits in reversing opioid overdoses in the prehospital setting. EMS providers are frequently the first to arrive at the scene of an overdose putting them in the best position to administer this time-sensitive, life-saving intervention. The use of a nasal atomizer device reduces the potential for occupational exposure to needle stick injuries. Widely available evidence exists to indicate that the medication is equally effective when administered intra-nasally and suggests no negative health outcomes.

The New York State EMS Demonstration Project concluded with the following:

- 2,035 EMTs trained;
- 223 opioid overdose reversals;
- No adverse events;
- No significant hazards to EMS personnel; and
- 10% of contacted reversals entered rehabilitation programs

RESOURCES

- CFR/BLS Altered Mental Status Protocol (attached)
- BLS Drug Formulary – Naloxone (attached)
- NYS EMS Lesson Plan Guide
- Reversing Opioid Overdose: Training for EMS and Public Safety Personnel

  Course Link: http://hivtrainingny.org/Account/LogOn?crs=821

  This link will take you to the DOH website which hosts the training video and associated materials. To access the materials, you must establish an account which is free and takes only a couple of minutes. Once you establish an account, you will be directed to the training materials.

- *"Substance Abuse and Mental Health Administration - Opioid Overdose Prevention Toolkit ."*

  http://store.samhsa.gov/product/SMA13-4742

Issued and Authorized by
Lee Burns, Director - Bureau of EMS

Altered Mental Status
(including, but not limited to hypoglycemia and opioid overdose)

Note:
Request Advanced Life Support if available.
Do NOT delay transport to the appropriate hospital.

Note:
This protocol is for patients who are NOT alert (A), but who are responsive to verbal stimuli (V), responding to painful stimuli (P), or unresponsive (U).

I. Assess the situation for potential or actual danger. If the scene/situation is not safe, retreat to a safe location, create a safe zone and obtain additional assistance from a police agency.

Note:
Emotionally disturbed patients must be presumed to have an underlying medical or traumatic condition causing the altered mental status.

Note:
All suicidal or violent threats or gestures must be taken seriously. These patients should be in police custody if they pose a danger to themselves or others.
If the patient poses a danger to themselves and/or others, summon police for assistance.

II. Perform primary assessment. Assure that the patient's airway is open and that breathing and circulation are adequate. Suction as necessary.

III. Administer high concentration oxygen. In children, humidified oxygen is preferred.

IV. Obtain and record patient's vital signs, including determining the patient's level of consciousness. Assess and monitor the Glasgow Coma Scale.

A. **If the patient is unresponsive (U) or responds only to painful stimuli (P), prepare for transport** while continuing care.

B. **If the patient has a known history of diabetes controlled by medication, is conscious and is able drink without assistance,** provide an oral glucose solution, fruit juice or non-diet soda by mouth, then transport, keeping the patient warm. If regionally approved to obtain blood glucose levels utilizing a glucometer, follow your regionally approved protocol.

C. **If patient has a suspected opioid overdose:**

i. If patient does not respond to verbal stimuli, but either responds to painful stimuli or is unresponsive; and

ii. Respirations less than 10/minute and signs of respiratory failure or respiratory arrest, refer to appropriate respiratory protocol.

iii. If regionally approved and available, obtain patient's blood glucose (BG) level.

1. If BG is less than 60, in adult and pediatric patients, follow IV (B) above.

2. If BG is more than 60 in adult and pediatric patients, proceed to next step.

iv. Administer naloxone (Narcan®) via a mucosal atomizer device (MAD).

1. Relative contraindications:
- **a.** Cardiopulmonary Arrest,
- **b.** Seizure activity during this incident,
- **c.** Evidence of nasal trauma, nasal obstruction and/or epistaxis.

2. Insert MAD into patient's left nostril and for;
- **a.** ADULT: inject 1mg/1ml.
- **b.** PEDIATRIC: inject 0.5mg/0.5ml.

3. Insert MAD into patient's right nostril and
- **a.** ADULT: inject 1mg/1ml.
- **b.** PEDIATRIC: inject 0.5mg/0.5ml

4. Initiate transport. After 5 minutes, if patient's respiratory rate is not greater than 10 breaths/minute, administer a second dose of naloxone following the same procedure as above and contact medical control

V. If underlying medical or traumatic condition causing an altered mental status is not apparent; the patient is fully conscious, alert (A) and able to communicate; and an emotional disturbance is suspected, proceed to the Behavioral Emergencies protocol.

VI. Transport to the closest appropriate facility while re-evaluating vital signs every 5 minutes and reassess as necessary.

VII. Record all patient care information, including the patient's medical history and all treatment provided, on a Prehospital Care Report (PCR).

BLS Drug Formulary

NALOXONE (Narcan®)

Class

Synthetic opioid antagonist

Description

Naloxone is a competitive narcotic antagonist used in the management and reversal of overdoses caused by narcotics and synthetic narcotic agents. Unlike other narcotic antagonists, which do not completely inhibit the analgesic properties of opiates, naloxone antagonizes all actions of morphine.

Onset & Duration

Onset: Within 2 min.
Duration: 30-60 min.

Indications

1. For the complete or partial reversal of CNS and respiratory depression induced by opioids:
    a) Narcotic agonist:

        Morphine sulfate
        Heroin
        Hydromorphone (Dilaudid)
        Methadone
        Meperidine (Demerol)
        Paregoric
        Fentanyl citrate (Sublimaze)
        Oxycodone (Percodan)
        Codeine
        Propoxyphene (Darvon)

    b) Narcotic agonist and antagonist

        Butorphanol tartrate (Stadol)
        Pentazocine (Talwin)
        Nalbuphine (Nubain)

2. Decreased level of consciousness

Naloxone continued...

Contraindications

1. Hypersensitivity
2. Use with caution in narcotic-dependent patients who may experience withdrawal syndrome (including neonates of narcotic-dependent mothers)

Adverse Reactions

1. Tachycardia
2. Hypertension
3. Hypotension
4. Cardiac dysrhythmias
5. Seizures
6. Nausea and vomiting
7. Diaphoresis

How Supplied

2mg/2ml, prefilled syringe without needle
Mucosal Atomizer Device (MAD) – purchased separately

Protocol – CFR and EMT

M-2 Altered Mental Status with Suspected Narcotic Overdose

Special Considerations

1. Pregnancy safety: Category B
1. May not reverse hypotension
2. Caution should be exercised when administering naloxone to narcotic addicts (may precipitate withdrawal with hypertension, tachycardia, and violent behavior)