Sample Protocol to Administer Naloxone
(Ambulance Service Medical Director may amend)

**Administration Warning Note:** Along with administration of Naloxone (Narcan), as approved by local ambulance service medical direction, it is important that Basic Life Support (BLS) management of airway, breathing and circulation be assessed and maintained, initially, during and following the administration of Narcan.

**Narcan (naloxone)**

**ACTION:**
1. Naloxone displaces the opioid from the opioid receptor in the nervous system and blocks the actions of the opioid.
2. A single dose’s effects can last as short as 30 minutes.

**INDICATIONS:**
1. Known opioid overdose; including Codeine, Fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone, lor cet, Lortab, norco, vicoden, Percocet, Percodan, opium and heroin.
2. Patients that have been prescribed an opioid and show symptoms of toxicity including;
   - Miosis (pinpoint pupils)
   - Respiratory depression
   - Decreased mental status

**CONTRAINDICATIONS:**
1. Known allergy or hypersensitivity to naloxone

**PRECAUTIONS:**
1. The administration of naloxone may result in the rapid onset of the signs and symptoms of opioid withdrawal.
   - Agitation
   - Tachycardia
   - Pulmonary edema
   - Nausea
   - Vomiting
   - Seizures
2. Prior to the administration of naloxone all patients should receive the appropriate medical treatment to provide support of their airway, breathing and circulation (ABC’s).
3. Prior to the administration of naloxone all patients should be assessed for other causes of altered mental status and/or respiratory depression such as hypoxia, hypoglycemia, head injury, shock and stroke.
4. The adverse effects following naloxone administration, especially in chronic opioid users may place the patient, bystanders and EMS personnel at risk of injury.
5. Due to the potential adverse effects of naloxone administration, you may consider limiting its use to patients with known or suspected opioid overdoses with impending cardiopulmonary arrest, severe respiratory depression and shock.

**ADMINISTRATION:**
0.4-2mg IV/IM/SC/ETT/intranasal every 2-3 minute

**SPECIAL NOTES:**
1. All patients who receive naloxone must be transported to an ED.
2. All patients who receive naloxone must be monitored closely for recurrent symptoms, including altered mental status, respiratory depression and shock.
3. Always follow the ABC’s and basic life support first, including IV access; then administer naloxone.
Narcan (Naloxone)
Sample Education Guidelines

I. Objectives
   a. Cognitive objectives
      1. Recognize the signs and symptoms of opioid overdose
      2. Discuss the forms in which narcan may be found
      3. Understand and describe the actions of narcan
      4. Understand and describe the side effects of narcan
      5. Understand the need for good airway management
   b. Affective objectives
      1. Explain the rationale for the administration of narcan
   c. Psychomotor Objectives
      1. Demonstrate patient management of a person with a drug overdose
      2. Demonstrate general steps for administering narcan

II. Preparation
   a. Motivation
   b. Prerequisites
   c. Materials
      1. AV equipment
      2. EMS equipment

III. Presentation
   a. Medication
      1. Generic name - Naloxone
      2. Trade name - Narcan
      3. Indications
         a. Patients with known opioid overdose:
            Legal, prescribed opioids: Codeine, Fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone
            Illegal opioids: heroin, opium
            b. Patients with signs and symptoms of opioid overdose:
               Miosis (pinpoint pupils)
               Respiratory depression
               Decreased mental status
         4. Contraindications
            a. Allergy or hypersensitivity to naloxone
         5. Dose
            a. 0.4-2mg IV/IM/SC/ETT/intranasal every 2-3 minute
       6. Administration route
          a. Intravenous
          b. Intramuscular
          c. through the ETT
          d. intranasal
7. Actions
   a. Antagonizes/blocks the opioid receptors in the brain to block the action of an opioid in the nervous system
   b. This blockade may results in the sudden onset of the signs and symptoms of opioid withdrawal.

8. Side effects
   a. Common reactions (opioid withdrawal)
      Tachycardia
      HTN
      Hypotension
      Nausea
      Vomiting
      Tremor
      Withdrawal seizure
      Diaphoresis (sweating)
      Pulmonary edema
      Irritability (peds)
   b. Serious reactions:
      Ventricular fibrillation
      Cardiac arrest
      Seizure

IV. Application
   a. Student Activities
      1. Auditory
         a. The student will hear information on the medication they will use in the field
      2. Visual
         a. The student will see the instructor prepare the medication for administration
      3. Kinesthetic
         a. The student will practice inspecting and reading the label of the medication.

V. Evaluation
   A. Review questions (Medical Director Developed)
   B. Skill Sheet (Medical Director Developed)