

## West Lafayette Fire Department

### Intranasal Naloxone (Narcan) for Basic Life Support

#### Policy/Protocol

**I. Purpose:** the purpose of this policy/protocol is to provide guidance regarding the administration of Naloxone, an overdose intervention drug. Accidental drug overdose has been declared an epidemic by the Centers for Disease Control and Prevention, and this trend has been documented in our community. Deaths from this epidemic can be mitigated by the use of Naloxone. Indiana Code 16-31-12 permits Law Enforcement, fire departments, EMT's, and paramedic's to possess and administer an overdose prevention drug to an individual suffering from an overdose.

**II. Policy:** It is the policy of the West Lafayette Fire Department that all Fire Department personnel be required to be trained in the administration and use of nasal Naloxone by a medical physician, and all fire department apparatus be equipped with Naloxone kits for use in an overdose intervention situation.

#### Note:

- **Naloxone is only used for opiate overdose**
- **Naloxone is NOT effective against respiratory depression due to non-opiate drugs**
- Naloxone is an opioid/opiate (narcotic) antagonist that can reverse Central Nervous System and respiratory depression secondary to an overdose of opioids/opiates.

#### Indications for the use of Naloxone:

- Respiratory arrest or hypoventilation with evidence of opioid/opiate use
  1. Bystander report
  2. Drug paraphernalia
  3. Opioid prescription bottles
  4. Track marks
- Recognition of the opioid/opiate toxidrome:  
Signs and symptoms:
  1. Unresponsive or minimally responsive with a pulse
  2. Respiratory arrest
  3. Depressed respiratory rate ( < 6 per minute)
  4. Agonal respirations
  5. Cyanosis
  6. Miosis (constricted pupils)
  7. Decreased mental status or confusion
  8. Slurred speech and/or difficulty ambulating
  9. Nausea/vomiting

**On Scene:**

- You may know you are responding to a suspected overdose, or you may be told upon arrival
- Scene safety is a top priority
- Do you have police present or responding?
- Remain non-judgemental and non-confrontational
- Ask bystander(s) what and when the patient injected, ingested, inhaled, or transdermal patch.
- Was more than one substance used?

**Contraindications:**

- Known hypersensitivity (rare)
- Recent seizure (by report or signs)
- Head/facial trauma
- Nasal trauma (obstruction and/or nosebleed)
- Cardiopulmonary arrest

Medical director

## **Intranasal Naloxone (Narcan) for Basic Life Support EMS Continued**

**Adverse reactions:**

- Use caution when administering naloxone to narcotic dependent patients.
- Rapid opiate withdrawal may cause nausea and vomiting and extreme combativeness.
- Keep the airway clear and be prepared to suction.

**Note:**

**A patient given naloxone cannot sign a refusal of treatment. They must be transferred to the hospital.**

- Documentation: patient presentation, signs and symptoms before and after treatment, vital signs before and after treatment, clinical response, record time drug was administered, amount, route.
- Utilize an intranasal naloxone kit that contains:
  1. A naloxone hydrochloride pre-filled Luer-lock (needleless) syringe containing 2mg/2mL
  2. A mucosal atomization device
  3. One container for security/storage

**Adult nasal atomizer use:**

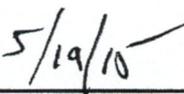
1. Ensure scene safety.
2. Maintain appropriate Body Substance Isolation.
3. Assess level of consciousness and vital signs.
4. Activate ALS if not already responding.
5. Initiate transfer as soon as possible.

6. Maintain open airway and assist ventilations (use a BMV and oral airway if unresponsive with a pulse).
7. Suction as needed.
8. Assess the patient to ensure their nasal cavity is free of blood or mucous.
9. Control the patient's head with one hand.
10. Gently, but firmly, place the atomizer 1.5 cm within one nostril with other hand, carefully occluding the opposite nostril.
11. Briskly compress the syringe to administer 1 mL of atomized spray. (have towel handy to catch any secretions)
12. Remove and repeat in other nostril, so all 2 mL of solution are administered (will be total of 2 mg).
13. Continue ventilating the patient as needed
14. Consider contacting poison control if poly-substance abuse is suspected 800-222-1222

### **Pediatrics**

- An opioid overdose is suspected in a pediatric patient ( <15 years old)
  1. Infants: 0.5mg per nostril (total 1mg)
  2. Child: 1mg per nostril (total of 2mg)

  
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Michael Kupon MD  
WLFD Medical Director

  
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Effective Date