Jackson Hole Fire/EMS Operations Manual

Approved by: _____
Will Smith, MD, Medical Director

Approved by: _____
Brady Hansen, Chief

Title: **Medication Protocol: Naloxone**
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NALAXONE (Narcan)
(Medication Protocol)

EMR / EMT PROVIDERS

NO VOICE ORDER REQUIRED
Intranasal (IN) only

EMT-INTERMEDIATE PROVIDERS

NO VOICE ORDER REQUIRED

PARAMEDIC PROVIDERS

NO VOICE ORDER REQUIRED

CLASS: Narcotic antagonist

PHARMACOLOGY/ ACTIONS: Naloxone is a narcotic antagonist which competitively binds to narcotic sites but which exhibits almost no pharmacologic activity of its own. Duration of action: 1-4 hours

ONSET/DURATION: Onset: 2 min
Duration: 30-60 min

USE IN FIELD/ INDICATIONS: Coma, altered mental status, ingestions, poisoning, drug overdose, head trauma with decreased mental status.

CONTRAINDICATIONS: Known hypersensitivity. Use with caution in narcotic-dependent patients who may experience withdrawal syndrome (including neonates of narcotic-dependent mothers).

SIDE EFFECTS: Tachycardia, hypertension, dysrhythmias, nausea & vomiting, diaphoresis, blurred vision, opiate withdrawal

DRUG INTERACTIONS: Incompatible with bisulfite and alkaline solutions

ROUTE: IM, IV, IO, Intranasal

DOSAGE:

ADULT	PEDIATRIC
0.4 -2.0 mg IM, IV, IO 2 mg IN (1 mg per nostril) Titrate all routes until adequate respiratory effort is achieved	0.1 mg/kg Maximum dose: IV, IM, IO - 2 mg IN - 4 mg Titrate all routes until adequate respiratory effort is achieved

PREGNANCY SAFETY: Category B – unproven or unknown risk to fetus, and no risk in later trimesters

COMMENTS: **Regardless of the doses of naloxone administered, airway management with provision of adequate oxygenation and ventilation is the primary goal in patients with confirmed or suspected opioid or other substance overdose.**

Naloxone may not reverse hypotension.

Patients with altered mental status secondary to an opioid overdose may become agitated or violent following naloxone administration due to opioid withdrawal therefore the goal is to use the lowest dose as possible to avoid precipitating withdrawal.

Naloxone administration via the intravenous route provides more predictable bioavailability and flexibility in dosing and titration.

The clinical opioid reversal effect is limited and may end within an hour whereas opioids often have a duration of 4 hours or longer. Monitor the patient for recurrent respiratory depression and decreased mental status.

High-potency opioids may require higher and/or more frequently administered doses to reverse respiratory depression and/or to maintain adequate respirations.

Naloxone provided to laypersons and non-medical first responders via public access programs or prescriptions may be provided as a pre-measured dose in an auto-injector or nasal spray or as a pre-measured, but variable, dose and/or concentration in a needleless syringe with a mucosal atomization device (MAD) on the hub.

If naloxone was administered to the patient prior to the arrival of EMS, obtain the dose and route and, if possible, bring the devices containing the dispensed naloxone with the patient along with all other medications on scene.