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|  | <b>COUNTY OF SACRAMENTO</b><br>EMERGENCY MEDICAL SERVICES AGENCY | Document #          | 8004.01  |
|   | <u>PROGRAM DOCUMENT:</u><br><b>Suspected Narcotic Overdose</b>   | Initial Date:       | 04/20/21 |
|   |  | Last Approved Date: |          |
|   |  | Effective Date:     | 07/01/22 |
|   |  | Next Review Date:   | 06/01/23 |

Signature on File

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 EMS Medical Director

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 EMS Administrator

**Purpose:**

- A. To serve as a treatment standard for patients exhibiting signs and symptoms of suspected Narcotic Overdose.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Protocol:**

**A. For any Altered Level of Consciousness (ALOC), consider AEIOUTIPS:**

- Alcohol            Trauma
- Epilepsy          Infection
- Insulin            Psychiatric
- Overdose          Stroke or Cardiovascular
- Uremia

**B. Suspected Narcotic Overdose (Consider any of the following):**

- 1. Decreased responsiveness (Glasgow Coma Score < 14).
- 2. Inability to respond to simple commands.
- 3. Respiratory insufficiency or respiratory rate < 8.
- 4. Pinpoint pupils.
- 5. Bystander or patient history of drug use, or drug paraphernalia on site.

| <b>BLS</b>  |
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| 1. Supplemental O <sub>2</sub> as necessary to maintain SpO <sub>2</sub> ≥ 94%. Use the lowest concentration and flow rate of O <sub>2</sub> as possible.<br>2. Check patient/victim for responsiveness and ABC's.<br>3. Naloxone: 2mg Intranasal (IN), or per dosing of pre-loaded IN Naloxone device. 2mg dose may be repeated x 1 for max dose of 4 mg.<br>4. Airway adjuncts as needed.<br>5. If trauma is suspected, assess for traumatic injury per PD# 8015.<br>6. Spinal motion restriction when indicated per PD# 8044.<br>7. Perform blood glucose determination.<br>8. If patient is seizing, protect the patient from further injury.<br>9. Transport |

### ALS

1. Initiate vascular access, and titrate to a SBP > 90 mm Hg.
2. Naloxone:
  - Preferred routes are IV or \*Intranasal (IN). Can also be given IM when IV or IN is difficult or impossible. 1mg increments up to 6mg IV push, IN or IM; titrated to adequate respiratory status. If IN Naloxone cannot be titrated it should be given per manufactures specified direction.
    - \* Do not administer if advanced airway is in place and patient is being adequately ventilated.
3. Perform blood glucose determination, if blood glucose  $\leq$  60 mg/dl, refer to PD# 8002 Diabetic Emergencies.
4. Airway adjuncts as needed
5. Cardiac monitoring.

\*Intranasal medications are to be delivered through an atomization device with one-half the indicated dose administered in each nostril.

**Cross Reference:** PD# 2523 – Administration of Naloxone by Law Enforcement First Responders.

PD# 8044 – Spinal Motion Restriction (SMR)

PD# 8015 – Trauma

PD# 8002 – Diabetic Emergencies

PD# 8003 – Seizures