	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8004.02
	PROGRAM DOCUMENT: **Suspected Narcotic Overdose**	Initial Date:	04/20/21
		Last Approved Date:	06/22/23
		Effective Date:	11/01/23
		Next Review Date:	06/01/25

Signature on File	Signature on File
EMS Medical Director	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.

BLS

1. Supplemental O_2 as necessary to maintain $SpO_2 \geq 94\%$. Use the lowest concentration and flow rate of O_2 possible.
2. Check patient/victim for responsiveness and ABCs.
3. Naloxone: 2mg Intranasal (IN), or per dosing of pre-loaded IN Naloxone device. ~~2mg dose may be repeated x 1 for a max dose of 4 mg.~~ May repeat every 5 minutes, as needed, until the patient is breathing spontaneously.
4. Airway adjuncts as needed.
5. Perform blood sugar determination. Refer to PD# 8002 – Diabetic Emergencies.
6. ~~If trauma is suspected, assess for traumatic injury per PD# 8015.~~
7. ~~Spinal motion restriction when indicated per PD# 8044.~~
8. ~~Perform blood glucose determination.~~
9. ~~If the patient is seizing, protect the patient from further injury.~~
10. Transport

ALS

1. Initiate vascular access and titrate to an SBP > 90 mm Hg.
2. Naloxone:
   a. 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 the manufactures specified direction.~~
      - 2 mg Intranasal (IN). May repeat every 5 minutes, as needed, titrate to adequate respiratory status.
      - Do not administer if an advanced airway is in place and the patient is being adequately ventilated.
3. Perform blood glucose determination. Refer to PD# 8002 – Diabetic Emergencies. ~~If blood glucose ≤ 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.

Naloxone Leave Behind Kit

Indication:

A. History of illicit substance use or active prescriptions for opioids.
B. History of physical exam findings consistent with IV drug use – needle marks, abscesses at injection sites.
C. Physical environment suggestive of illicit substance use – paraphernalia, opioid pill bottles present at the scene.

BLS or ALS:

A. If respiratory distress or altered mental status, refer to appropriate county policy.
B. Provide Naloxone Leave Behind Kit.
C. Review indications for Naloxone use with bystander, friend or family member.
D. Review instructions for use with bystander, friend or family member.
E. Review DHS opiod resource information sheet.

Cross Reference: PD# 2523 – Administration of Naloxone by Law Enforcement First Responders.
PD# 8002 – Diabetic Emergencies
PD# 8003 – Seizures
PD# 8005 – Naloxone Leave Behind
~~PD# 8015 – Trauma~~
~~PD# 8044 – Spinal Motion Restriction (SMR)~~