

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8004.01
	<u>PROGRAM DOCUMENT:</u> Suspected Narcotic Overdose	Initial Date:	04/20/21
		Last Approved Date:	06/10/21
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Signature on File

EMS Medical Director

Signature on File

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
<ol style="list-style-type: none"> 1. Supplemental O₂ as necessary to maintain SpO₂ ≥ 94%. Use the lowest concentration and flow rate of O₂ as possible. 2. Check patient/victim for responsiveness and ABC's. 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. 4. Airway adjuncts as needed. 5. If trauma is suspected, assess for traumatic injury per PD# 8015. 6. Spinal motion restriction when indicated per PD# 8044. 7. Perform blood glucose determination. 8. If patient is seizing, protect the patient from further injury. 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