

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8004.02
	<u>PROGRAM DOCUMENT:</u> Suspected Narcotic Overdose	Initial Date:	04/20/2021
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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
1. Supplemental O ₂ as necessary to maintain SpO ₂ ≥ 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
<ol style="list-style-type: none"> 1. Initiate vascular access and titrate to an SBP > 90 mm Hg. 2. Naloxone: <ol style="list-style-type: none"> a. Preferred routes are IV or *Intranasal (IN). Can also be given IM when IV or IN is difficult or impossible. <ul style="list-style-type: none"> • 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. 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 a bystander, friend, or family member.
- D. Review instructions for use with a bystander, friend, or family member.
- E. Review DHS opioid resource information sheet.

Cross Reference: PD# 2523 – Administration of Naloxone by Law Enforcement First Responders.
PD# 8002 – Diabetic Emergencies
PD# 8003 – Seizures
PD# 2002 – Naloxone Leave Behind
~~PD# 8015 – Trauma~~
~~PD# 8044 – Spinal Motion Restriction (SMR)~~