

9001.01 Intranasal Naloxone (Narcan) Guideline



This procedure is for internal use only and does not enlarge an employee's civil liability in any way. The procedure should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this procedure, if proven, can only form the basis of a complaint by this department for non-judicial administrative action in accordance with the laws governing employee discipline.

Related Policies: N/A

Applicable HI Statutes:

I. PURPOSE

To provide guidance regarding the administration of Naloxone (Narcan).

II. CLASSIFICATION

Narcotic Antagonist

III. ACTIONS

Reverses respiratory depression and CNS sedation by competing with narcotics at opiate receptor sites

IV. INDICATIONS

Respiratory arrest (apnea) or depression (hypoventilation) with suspicion/evidence of narcotic overdose (OD):

- Bystander report
- Drug paraphernalia
- Opioid prescription bottles
- Track marks

Recognition of opioid/opiate OD:

- Unresponsive or minimally responsive with a pulse
- Respiratory arrest or depressed respiratory rate (< 6 per minute)
- Agonal respirations – irregular, ineffective, gasping breaths
- Cyanosis - bluish discoloration of the skin resulting from inadequate oxygenation of the blood.
- Miosis – excessive constriction of the pupils

V. CONTRAINDICATIONS

Not significant if patient meets above criteria (indications). Maximum dosage administered by HFD shall not exceed 8mg (2) 4mg dose nasal spray devices.

VI. POTENTIAL ADVERSE EFFECTS

- A. Cardiovascular
 - i. Tachycardia
 - ii. Hypertension
 - iii. Dysrhythmias
- B. Gastrointestinal
 - i. Nausea/vomiting

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- C. Neurological
 - i. Tremors
 - ii. Seizures
 - iii. Rapid reversal of narcotic OD may lead to violent or combative behavior

VII. ONSET

Intranasal (IN) 2-5 minutes

VIII. DURATION

30-90 minutes

Narcotics have a longer duration of action than Naloxone. Continue to monitor patient level of consciousness and respirations. If signs of OD return repeated doses may be necessary.

IX. GUIDELINE

SCENE SAFETY / BODY SUBSTANCE ISOLATION (BSI)

- A. Ensure scene safety
- B. Maintain personal protective environment (PPE)
- C. While rare, be prepared to manage adverse effects. Ensure safety of patient and personnel.
- D. Combative Patient: Overdose victims rescued by naloxone may experience opioid withdrawal symptoms. In very rare instances when such symptoms are severe, the victim may become combative. This is reported in about one percent of all rescues. To prepare responder with this hazard, initial training at the EMT and Paramedic level will cover dealing with this type of situation. Additionally, cyclic training will be offered on Target Solutions (CAPCE Behavioral Emergencies Basic) as well as video presentations. Preventive measures, such as, requesting HPD to the scene, positioning yourself so you can back away from a patient that may react violently, and having at least two personnel, present, before administering the Narcan, are considered reasonable care in these incidents.

PATIENT CARE

- A. Maintain open airway and assist ventilations as necessary until adequate respirations resume.
- B. Assess the patient to ensure their nasal cavity is free of blood and mucous. Suction as needed
- C. Remove Naloxone Nasal Spray from the box. Each box contains (2) 4mg dose nasal spray devices.
- D. Peel back the tab with the circle to open the Naloxone Nasal Spray.
- E. Hold the Naloxone Nasal Spray with your thumb on the bottom of the red plunger and your first and middle fingers on either side of the nozzle (Figure a).

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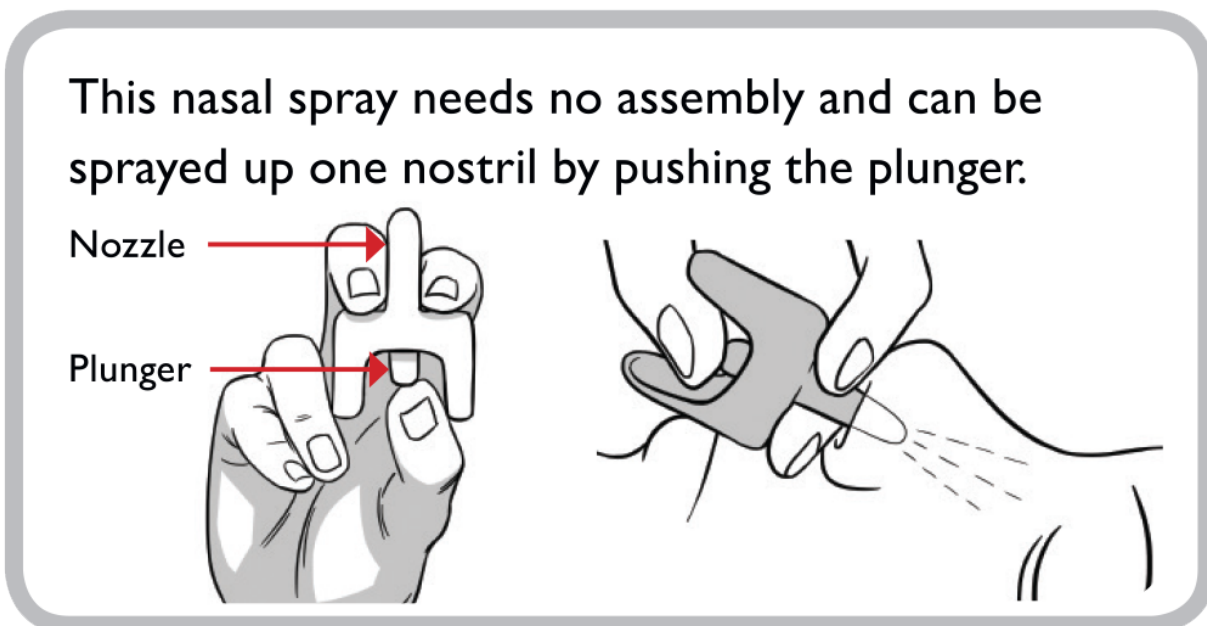


- F. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose.
- G. Press the red plunger firmly to administer a single 4mg dose of Naloxone Nasal Spray
- H. Remove the Nasal Spray device from the patient's nostril and note the time of administration.
- I. Continue to maintain airway and assist ventilations.
- J. If adequate respirations do not resume within 3-5 minutes, administer a second 4mg dose of naloxone.
- K. Document indications, time of administration, route and dose administered, and follow up assessment findings.

Key Considerations

- Naloxone is only effective in OD caused by opioids/opiates. Patient care should focus on patient presentation and managing life threats (airway & ventilation)

Figure a.



X. STORAGE

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Each Company will be issued (2) boxes of Naloxone nasal spray. Each box contains (2) 4mg units.

Naloxone will be stored at the station, away from direct sunlight, in an area which does not exceed 104°F

XI. DOCUMENTATION AND RESUPPLY

Administration of Naloxone shall be documented in Fire RMS.

Upon completion of the incident an email shall be sent to the respective EMS Captain:

- 1st Battalion stations
 - FMS III K. Kanae: Kilipaki.Kanae@hawaiicounty.gov
- 2nd Battalion stations:
 - FMS III M. Lam: Michael.Lam@hawaiicounty.gov

Effective October 28, 2022 and to continue until further notice, documentation of opioid related calls will be mandatory on the Situation tab of FireRMS for all 321, 322, and 323 incident types. This includes the administration of Intranasal Naloxone and whether or not the patient's status improved following the administration of Intranasal Naloxone.

The number of doses of Intranasal Naloxone shall be documented by the MICT providing primary care to the patient. This shall be documented on the ESO Electronic Healthcare Record as medication administered prior to the arrival of the ALS ambulance.

A replacement box will be sent via the EMS supply delivery system.