



**BLS Naloxone Administration For Suspected Opioid Overdose**

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Approval: John Poland – Executive Director

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**Indications for naloxone administration (both must apply):**

1. Environment is suspicious for use of opioids.
2. Pt is unconscious/poorly responsive and respiratory rate appears slow (<12/min) or shallow/inadequate (or pt is unconscious and not breathing).

**BLS**

- Ensure that appropriate EMS units have been requested (BLS/LALS/ALS)
- Utilize appropriate personal protective equipment
- Stimulate pt to determine if they will awaken
- Assess & support ABCs – provide continuous BVM support with high flow O2 until respiratory rate improves to  $\geq 12$ bpm.
- If pulseless, begin chest compressions
- If no response to stimulation and continued poor/absent breathing, administer naloxone

① Use naloxone with caution in pts with significant trauma who have not been adequately immobilized & consider the concurrent need for appropriate immobilization/spinal motion restriction

**Naloxone Preload Syringe**

- Assemble 2 mg syringe and atomizer
- Administer  $\frac{1}{2}$  dose (1 mg) into each nostril
- If pt does not respond, or responds briefly then relapses, administer additional doses every 2-3 mins (if available)
- **Do not administer if advanced airway is in place & pt is being adequately ventilated**

**NARCAN™ Nasal Spray**

- Administer full dose (4 mg) in one nostril
- If pt does not respond, or responds briefly then relapses, administer additional doses every 2-3 mins (if available), alternating nostrils with each dose
- **Do not administer if advanced airway is in place & pt is being adequately ventilated**

- If response to naloxone, be alert for sudden, agitated behavior or symptoms of opioid withdrawal, such as vomiting, abdominal cramps, or sweating
- Report administration of naloxone to appropriate EMS personnel
- Complete naloxone utilization report and submit a copy to S-SV EMS