

September 2, 2014

TO: Medical Program Directors

FROM: Michael Routley

SUBJECT: EMT use of Naloxone

Medical Program Directors (MPD) now have the discretion to allow EMT administration of Naloxone. At the June 9, 2014 MPD meeting, an overwhelming majority of the attending MPDs agreed that Naloxone was an appropriate medication for EMT use. The MPDs agree that approval should not be established as a state minimum standard for all EMT's but should be left to the MPD's discretion.

MPDs that choose to use Naloxone in their county may use the attached protocol and training program materials that are approved by the Washington State Department of Health. Should you choose to use your own protocol and training program please submit them to the Department of Health for approval prior to their use.

Thank You

**WASHINGTON STATE DEPARTMENT OF HEALTH
PROTOCOL
EMT NALOXONE ADMINISTRATION FOR SUSPECTED OPIATE OVERDOSAGE**

Indications:

- Respiratory compromise
- Abnormal breathing
- RR <6
- ALOC
- Pinpoint pupils

Contraindications: None when used in a life-threatening emergency

Intervention/ Treatment Protocol

1. Scene-Size-Up: Personnel Safety, drug paraphernalia (needles, cooking material, pill bottles etc.).
2. Intervention:
 - a. Obtain history as possible
 - b. Rapid physical assessment
 1. ALOC
 2. Respiratory rate, abnormal breathing
 3. Pulse rate, BP if possible
 4. Pupillary size, look for pinpoint pupils
 5. Evidence of drug use (needle tracks, syringes, pills, powder)
 - c. If pulseless: CPR as per ACLS guidelines (delay supraglottic airway)
Apnea with pulse: oral airway (not supraglottic airway) ventilate with 100% O²
 - d. Administer Naloxone (Narcan)
 1. Open kit and or load 2 mg (2 ml) Naloxone in syringe
 2. Attach atomizer to syringe
 3. Place atomizer into nostril
 4. Briskly compress syringe to administer 1 ml of atomized spray
 5. Remove atomizer and repeat above in the other nostril
 - e. Reevaluate LOC, respirations, pulse continuously, Rescue breathing and CPR as needed. Naloxone IN will take 3-5 minutes to take effect. Spontaneous breathing is the goal.
 - f. If no improvement in 3-5 minutes, the 2mg dose may be repeated.
 - g. Be prepared to manage patient agitation and combativeness.

NOTE: Supraglottic airway should be used only if Naloxone has no effect and CPR is continued.