Opioid Overdose Treatment and Prevention

Aliases: OD, Naloxone administration, Naloxone leave behind, Accidental overdose

Indications: Decreased level of consciousness associated with respiratory depression from Opioid Overdose, signs of opioid use, scenes with indications of opioid use. For critically ill patients see **Adult or Pediatric Crashing Patient/Impending Arrest-Treatment Protocol**.

Procedure:

1. Follow **General Pre-hospital Care-Treatment Protocol**.
2. Pediatric patients (≤ 14 years of age) utilize MI MEDIC cards for appropriate medication dosage. When unavailable utilize pediatric dosing listed within protocol.
3. If patient has respiratory depression, provide oxygenation and support ventilations. Treatment goal is to restore effective respirations; the patient need not be completely awakened.

a. Administer **naloxone** when (may be an MFR skill based on MCA selection):
   i. Ventilations have been established and patient has not regained consciousness.
   ii. There is more than 1 rescuer on scene for personnel safety precautions.

MCA Selection for

☑ MFR **naloxone** administration

MCAs will be responsible for maintaining a roster of the MFR agencies choosing to participate and will submit roster to MDHHS

b. Per MCA Selection (below), administer **naloxone** intranasal May repeat one time in 3-5 minutes if effective respirations not restored.

MCA selection for intranasal **naloxone** (MUST SELECT AT LEAST ONE):

☑ **Narcan® Nasal Spray** 4 mg (Adults Only). Entire dose in one nostril. Additional dose in opposite nostril.

☑ **Naloxone** Prefilled 2 mg/2 ml IN via Atomizer (Half dose in each nostril)

- Adult and child over 3 years: 2 ml
- Pediatric Dosing:
  - Up to 3 months: 0.5 ml
  - 3 months up to 18 months: 1 ml
  - Children 19-35 months: 1.5 ml

c. Administer **naloxone** IM, IN or slowly IV, titrating to restore effective respirations.
   i. Adult: 2 mg IM or IN via atomizer.
      1. IN max of two doses total.

ii. Adult: Up to 2 mg IV slowly, titrating to improvement in respiratory status. Repeat as needed every 3-5 minutes.
iii. Pediatric: 0.1mg/kg IM/IN/IV

d. Patients not responding to **naloxone** should have continued airway and ventilatory support.
e. Transport according to MCA Transport Protocol

4. For patients with signs and symptoms or reporting opioid withdrawal (tremors, chills, nausea/vomiting, hallucinations, muscle cramps, etc.)
   a. Establish IV and administer **NS** or **LR** IV/IO per **Vascular Access & IV Fluid Therapy-Procedure Protocol**
   b. For signs of dehydration,
      i. Adults: up to 1 liter, wide open.
      ii. Pediatrics: 20 ml/kg based on signs and symptoms
   c. Hypotensive patients should receive additional IV/IO fluid boluses, as indicated by hemodynamic state.
      i. Adults: repeat IV/IO fluid bolus to a maximum of 2 liters.
      ii. Pediatrics: repeat dose of 20 ml/kg to a maximum of 40 ml/kg
      iii. Monitor for pulmonary edema
      iv. If pulmonary edema presents, stop fluids and contact Medical Control.
   d. For nausea/vomiting, refer to **Nausea & Vomiting–Treatment Protocol**
   e. Transport according to MCA Transport Protocol
5. For patients who have naloxone administered and refuse transportation to the emergency department, contact Medical Control.
      i. Patient may not:
         1. Have current/sustained altered mental status
         2. Have intentionally overdosed (for self-harm)
         3. Have any suicidal/homicidal ideations or thoughts of self-harm
      ii. After contacting Medical Control for consultation, complete the patient refusal per **Refusal of Care Adult and Minor Protocol**, document the name of the facility and physician in the PCR
6. Leave Behind Naloxone

MCA Selection for Naloxone Leave Behind
Providers must be part of an MCA designated Leave Behind Naloxone agency
☐ Not Included
☑ MFR ☑ EMT ☑ AEMT ☑ Paramedic
MCA will submit roster to MDHHS

   a. Indications
      i. Patients ≥ 15 years old who received **naloxone** with symptom improvement.
      ii. Patients ≥ 15 years old who report substance use disorder.

iii. Scenes where there are signs of opioid use and an individual ≥ 15 years old available to receive the Naloxone.

b. For patients who are transported, **naloxone kits** may either be provided to
   i. family and friends on scene (≥ 15 years old) OR
   ii. to the patient when arriving at the hospital, if the patient is awake
c. Provide a **naloxone kit** to patient or family/friends on scene, if accepted
d. Document in PCR administration of kit (in procedure section)
e. Other possible offerings when administering a kit:
   i. Offer to properly dispose of any used needles following your agency policy.
   ii. Refer to a community peer support team, if available
   iii. Provide literature outlining resources for opioid use disorder or substance use disorder treatment programs in the community.
   iv. For patients who have not suffered an acute overdose AND are willing to accept treatment for opioid use disorder or substance use disorder, the following may be offered if available:
      1. Alternate destination according to MCA approval (including inpatient or outpatient treatment facilities)
      2. Mobile crisis teams
      3. Other local treatment options

<u>Medication Protocols</u>
Naloxone