



## First Responder Administration of Intranasal Naloxone to Reverse Opioid Overdose



# Participant Manual

Prepared by  
New York State Department of Health  
in conjunction with  
Regional Emergency Medical Organization

*Updated March 2015*

# Participant Manual Contents

**The Participant Manual includes the following materials (in order):**

1. Training Agenda
2. Altered Mental Status Protocol for BLS Providers
3. Suspected Opioid Overdose Protocol for Non-EMS First Responders
4. Frequently Asked Questions
5. Training Video Slides

# Training Agenda

Total training time: 90 minutes

	Activity	Time	Rationale
1	Pre-training Survey	5 minutes	Optional
2	Introductions and Training Goals and Objectives	5 minutes	Describe purpose of training and get to know participants
3	Scope of the Problem and Overview of NYS Opioid Overdose Programs in the Community	10 minutes	Provide participants with information about rates of opioid overdose and information about community lay responders
4	Training Video	25 minutes	Provides comprehensive information about opioid overdose and use of naloxone.
5	Question and Answer Period	10 minutes	Provides participants an opportunity to ask questions, clarify information and inquire about implementation issues unique to their setting.
6	Practice Session	20 minutes	Provides an opportunity to practice the process of assembly and administration of the medication.
7	Question and Answer Period	10 minutes	Provide participants an opportunity to have final questions answered.
8	Post-test survey	5 minutes	Optional

# Altered Mental Status Protocol (including, but not limited to hypoglycemia and opioid overdose) for BLS Providers

**Note:**

**Request Advanced Life Support if available.  
Do NOT delay transport to the appropriate hospital.**

**Note:**

**This protocol is for patients who are NOT alert (A), but who are responsive to verbal stimuli (V), responding to painful stimuli (P), or unresponsive (U).**

I. Assess the situation for potential or actual danger. If the scene/situation is not safe, retreat to a safe location, create a safe zone and obtain additional assistance from a police agency.

**Note:**

**Emotionally disturbed patients must be presumed to have an underlying medical or traumatic condition causing the altered mental status**

**Note:**

**All suicidal or violent threats or gestures must be taken seriously. These patients should be in police custody if they pose a danger to themselves or others. If the patient poses a danger to themselves and or others, summon police for assistance**

II. Perform primary assessment. Assure that the patient's airway is open and that breathing and circulation are adequate. Suction as necessary.

III. Administer high concentration oxygen. In children, humidified oxygen is preferred.

IV. Obtain and record patient's vital signs, including determining the patient's level of consciousness. Assess and monitor the Glasgow Coma Scale.

- A. If the patient is unresponsive (U) or responds only to painful stimuli (P), prepare for transport while continuing care.
- B. If the patient has a known history of diabetes controlled by medication, is conscious and is able drink without assistance, provide an oral glucose solution, fruit juice or non-diet soda by mouth, then transport, keeping the patient warm. If regionally approved to obtain blood glucose levels utilizing a glucometer, follow your regionally approved protocol.

C. If patient has a suspected overdose:

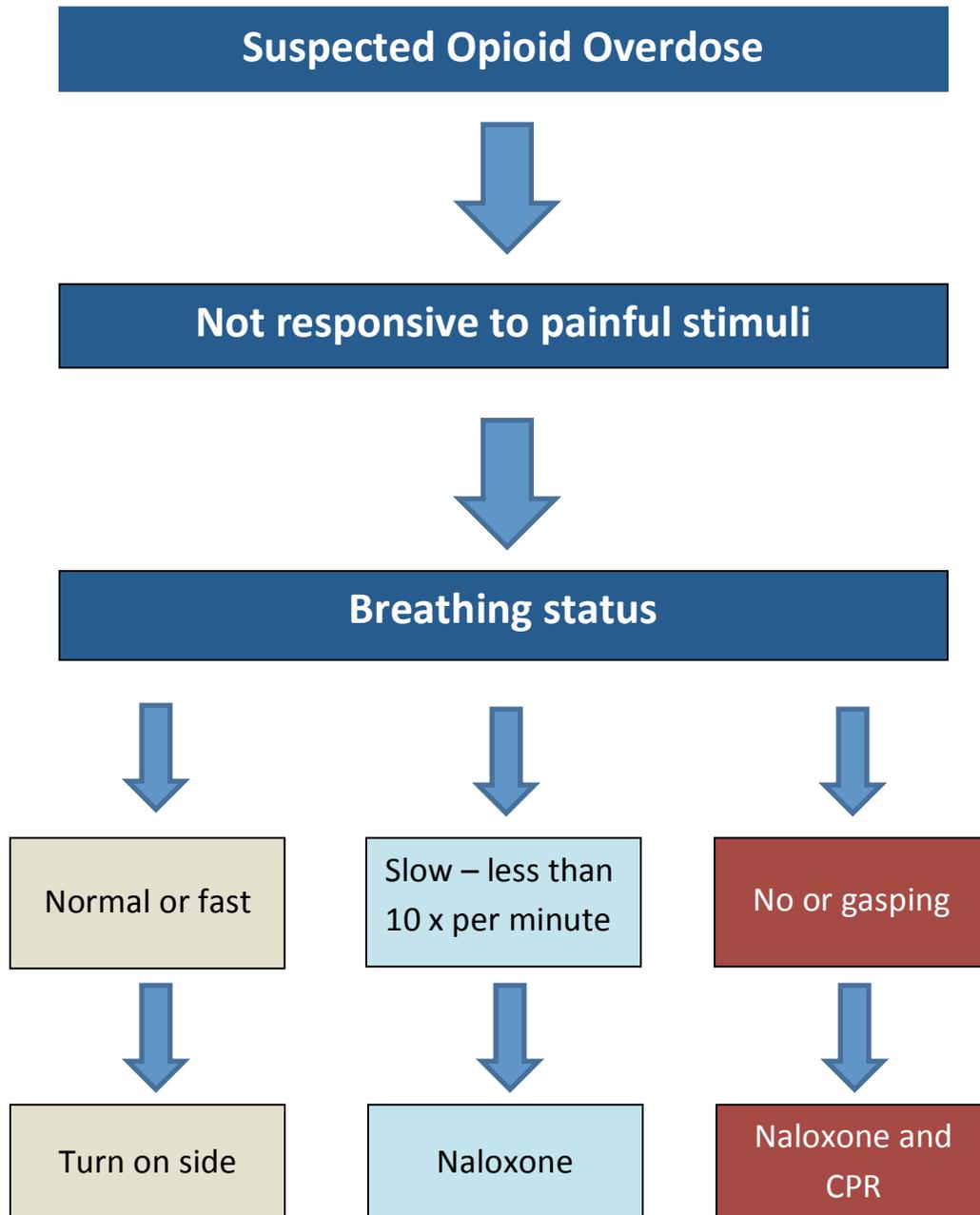
- i. If patient does not respond to verbal stimuli, but either responds to painful stimuli or is unresponsive; and
- ii. Respirations less than 10/minute and signs of respiratory failure or respiratory arrest, refer to appropriate respiratory protocol.
- iii. If regionally approved and available, obtain patient's blood glucose (BG) level.
  1. If BG is less than 60 in adult and pediatric patients, follow IV (B) above
  2. If BG is more than 60 in adult and pediatric patients, proceed to next step.
- iv. Administer naloxone (Narcan®) via a mucosal atomizer device (MAD).
  1. Relative contraindications:
    - a. Cardiopulmonary Arrest,
    - b. Seizure activity during this incident,
    - c. Evidence of nasal trauma, nasal obstruction and/or epistaxis.
  2. Insert MAD into patient's left nostril and for;
    - a. ADULT: inject 1mg/1ml.
    - b. PEDIATRIC: inject 0.5mg/0.5ml.
  3. Insert MAD into patient's right nostril and
    - a. ADULT: inject 1mg/1ml.
    - b. PEDIATRIC: inject 0.5mg/0.5ml
  4. Initiate transport. After 5 minutes, if patient's respiratory rate is not greater than 10 breaths/minute, administer a second dose of naloxone following the same procedure as above and contact medical control.

V. If underlying medical or traumatic condition causing an altered mental status is not apparent; the patient is fully conscious, alert (A) and able to communicate; and an emotional disturbance is suspected, proceed to the Behavioral Emergencies protocol.

VI. Transport to the closest appropriate facility while re-evaluating vital signs every 5 minutes and reassess as necessary.

VII. Record all patient care information, including the patient's medical history and all treatment provided on a Prehospital Care Report (PCR)

# Suspected Opioid Overdose Protocol for Non-EMS First Responders



# Administration of Naloxone to Reverse Opioid Overdose

## Frequently Asked Questions

### 1. What is the reporting or follow-up process after we administer the medication?

After you give a dose of the naloxone please complete the designated reporting form and when required by your agency, complete a prehospital care report. Your agency should have policies and procedures in place to restock the medication.

### 2. Can you use naloxone if you don't know what the person took?

Yes but you should be pointed towards the fact that it's an opiate. Something should give you the information that the person has an overdose that you will be able to reverse. For example, pin point pupils in an unknown overdose without breathing or with very little breathing would be the sign that it would likely be an opioid overdose and someone should use the naloxone on them.

### 3. Will naloxone work for someone that is pulseless and isn't breathing?

An opioid overdose can cause someone to go into cardiac arrest, but if the heart is not beating, medication in their nose will be ineffectively circulated through their body. Naloxone can be given to the overdose patient in cardiac arrest, however for this reason its effectiveness is not as reliable as someone that still has a pulse.

### 4. How much time after the overdose do you have to administer the naloxone?

Naloxone should be administered any time a patient is not breathing effectively and there is a concern for opiate overdose. Generally, naloxone must be given within minutes of their ineffective breathing – before the patient progresses to cardiac arrest. This is why getting naloxone in the hands of first responders is critical – minutes make a difference.

### 5. Are there any situations where there may be difficulty with administration or uptake of the medication?

Generally, there are very few problems with administering the medication or uptake of the medication by the nasal mucosa. Here are some possible problems to be aware of:

- Drugs like cocaine which are vasoconstrictors can prevent absorption.
- Bloody nose, nasal congestion, mucous discharge – will decrease effectiveness of nasal medication
- Lack of nasal mucosa as a result of surgery, injury or cocaine abuse may also decrease absorption through nose.
- If given more medication than 1 ml or more per nostril, it's likely to run off.

**6. Does it matter if a person overdosed on a prescription drug as opposed to a street drug such as Heroin?**

It doesn't. Both prescription and non-prescription opiate medications will be reversed by naloxone. Some of these medications will require more naloxone than others but it will work. Common street drugs like Heroin will be reversed by this. Common prescription medications like MS Contin, Vicodin, Lortab, Percocet, Oxycodone, and other opioid medications will be reversed by Naloxone as well.

**7. Can we use this medication to determine what they did take?**

If someone is altered, don't give them this medicine. If they are not effectively breathing and there is concern for their taking a drug (prescription or illicit), then they can get the naloxone. Naloxone is not for trying to figure out what they took but trying to start them breathing effectively by reversing the opioid they have on board.

**8. Will Naloxone work on someone who's consumed a Fentanyl Patch?**

Absolutely. It will work on someone that took Fentanyl or took a Fentanyl Patch. The Fentanyl Patches have an incredible amount of medication in them that are designed for application over 3 days. If someone consumes a Fentanyl Patch, they may have a little bit of improvement in their symptoms with their initial dose of naloxone, but they may need more.

**9. What do I do if I find a fentanyl patch on someone?**

Because fentanyl patches are designed to provide the medication continuously through the skin, any fentanyl patches found on an overdose victim should be removed with gloved hands, placed into a biohazard bag, and ideally taken to the hospital with the patient for proper disposal.

**10. What if we give the naloxone to someone who doesn't need it?**

If there isn't an opioid on board for that patient, there will be no effect from the Naloxone.

**11. Can you give the medication if the patient is seizing?**

If the patient is actively seizing it is unlikely that they will be overdosing on an opioid medication. However, if they are not breathing and they begin to tremor, it may be because of hypoxia. If after the seizure is complete the patient is not effectively breathing AND there is concern for an opiate overdose (pinpoint pupils, reports of prescription or illicit opioid use), then naloxone may be given.

**12. Do you have to call a doctor before administering the medication?**

No. Under this program any trained responder may administer the medication.

**13. Will I need to give more than one dose of naloxone?**

Some opioids are very potent and long-lasting, such as methadone, oxycodone (Opana) and others. These may require more than one dose in order to reverse, or maintain reversal in order to keep the patient breathing effectively.

**14. How long do I wait before administering another dose?**

If there is no response, or limited response from your first dose, you may give another dose in 5 minutes.

**15. I gave naloxone and they become alert, but then a few minutes later they stopped breathing again. What do I do?**

Give a second dose of Naloxone. The fact that the patient responded favorably to naloxone but then later reverted to being unresponsive and having ineffective respirations may suggest they have taken a long acting opioid or a very potent one.

**16. Can the medication be applied sublingually if there is no access to the nose due to injury or other issue?**

No. The nature of the lining of the mouth is different than the nasal mucosa. Naloxone must be administered via the nose.

**17. Is the medication temperature sensitive?**

Yes, it should be kept from temperature extremes (freezing temperatures and excessive heat). This medication can be safely stored with your EpiPen or other BLS medications.

**18. Will Naloxone work on someone who has taken too much methadone?**

Yes. Methadone is a very long acting opiate, and so individuals that overdose on methadone will respond to naloxone, however they may require more than one dose. Similarly, because methadone lasts much longer than the effects of the naloxone, the subject that has overdosed on Methadone is at very high risk for requiring subsequent doses of naloxone.

**19. I gave naloxone, the patient woke up, and now they want to sign-off and refuse to be transported to the hospital. What do I do?**

This is a difficult circumstance and is rare. However the patient that was minutes ago unconscious and not effectively breathing and now thanks to your assistance is talking because you administered naloxone may have side effects from the reversal, or worse, have taken a long acting opioid and may have subsequent deterioration. All patients having received naloxone should be transported to an Emergency Department for evaluation. If the patient refuses, then engaging law enforcement and assuring that the patient makes an informed decision on refusing transport is critical. In some cases, the circumstances may warrant law enforcement placing the patient under Mental Hygiene Arrest under Article 9.41 of NYS Mental Hygiene Law. This could be warranted if a depressed patient took an intentional overdose of pain pills in an attempt to kill herself for example. Alternatively, law enforcement may consider their powers under Article 22.09 of Mental Hygiene Law to involuntarily transport an impaired individual. Communicating your concerns regarding the patient's risk of deterioration to law enforcement and utilizing resources such as an on-line medical control physician may help achieve the goal of transporting all patients being reversed by naloxone to the hospital. In the extremely infrequent circumstance of the patient having decisional capacity and no standing under Mental Hygiene Law for law enforcement to involuntarily transport, then an informed and documented refusal of transport is in order.

**20. I've heard that people that get naloxone will wake up and become combative or try to flee, is this true?**

Naloxone causes the patient to acutely withdraw from an opiate. This is not a pleasant experience, however only a small minority may become agitated or combative after administration. Experience in a large urban New York fire department found that less than 5% of reversals caused the patient to become agitated, and less than 1% required physical and/or chemical restraint because of combativeness. Responders should consider the naloxone reversal patient similar to the patient that has just had a seizure, or just received glucose after an episode of hypoglycemia and provide verbal redirection and de-escalation as well as calming and re-orientation. Provider safety always comes first, and in the rare instance that the reversed patient becomes combative, one should retreat to a safe location and request law enforcement if not already present.