### Opioid Overdose Protocol

This protocol is being established to support certified and licensed personnel working under an agency’s medical control when providing **Intranasal Naloxone** to patients experiencing an opioid overdose.

#### EMR

**GENERAL SUPPORTIVE CARE**
- Obtain Vital Signs
- O2 via NC, NRB, or BVM as appropriate
- Apply Cardiac Monitor/Obtain 12-Lead ECG (if equipped)
- Transmit 12-Lead ECG to Receiving Emergency Department

**ADULT:** Naloxone 2 mg IN (1 mg/ml per nostril), may repeat once

**EMT OR HIGHER LICENSE:**
- **ADULT:** Naloxone 2 mg IN (1 mg/ml per nostril), may repeat once
- Administer Intranasal Naloxone for patient this is Apenic/Agonally Breathing

**MEASURE END – TIDAL CO2 & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated)**
- Place Supraglottic Airway if indicated only if BVM ventilations ineffective
- Use Naloxone to restore effective breathing; avoid excessive dosing to prevent withdrawal

**USE OF ACTIVATED CHARCOAL FOR ACUTE INGESTED POISONS, (i.e., Acetaminophen, ASA, TCA, Barbiturates)**

**ADULT/PEdiatric:** Activated Charcoal 1 gram/kg PO (OLMC order only; use only if transport time will exceed 30 mins)

#### EMT

**IV ACCESS**
- **ADULT:** Intubate or use supraglottic airway if indicated
- Does not intubate patients with rapidly reversible toxicology etiology (e.g., Opiates)

**INTERMEDIATE – I/85**
- **ADULT:** Naloxone 2 mg IN (1 mg/ml per nostril), may repeat once

**ADVANCED EMT OR HIGHER LICENSE:**
- **TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – APNEIC/AGONALLY BREATHING**
  - **ADULT:** Naloxone 2 mg IVP/IOP/IN, may repeat once
  - **PEdiatric:** Naloxone 0.5 mg IVP/IOP/IN, may repeat to max of 2 mg

**USE NALOXONE TO RESTORE EFFECTIVE BREATHING, AVOID EXCESSIVE DOSING TO PREVENT WITHDRAWAL**