

**SECTION: R-02**

**PROTOCOL TITLE: Opiate Overdose**

**REVISED: November 1, 2017**

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**GENERAL COMMENTS:** The goal in treating an opioid overdose patient is generally not to wake the patient, but to maintain breathing and the airway. While difficult, this is especially important as opiates are often mixed with hyperdynamic substances and other drugs at the street level, and the opioid may be masking or suppressing other toxic effects.

**BLS SPECIFIC CARE: See Protocol M-1, PM-1, PM-9**

- Oxygenation: some opiate overdose patients will respond well to simple assisted ventilations. See physician pearls
- Physical restraints as necessary

**AEMT/O.M. Specific Care: See Protocol M-1, PM-1, PM-9**

- Narcan (naloxone)
  - IV/IO: 0.1-2 mg slowly. Repeat as needed every 1-2 minutes to a maximum of 10 mg.
  - IM/IN: 2-4 mg. Repeat as needed to a maximum of 10 mg. If IV access is unavailable.
  - If patient has obviously aspirated, consider bypassing Narcan and manage airway as required.

**ALS SPECIFIC CARE: See Protocol M-1, PM-1, PM-9**

- Attempt to identify co-morbid factors and other medical issues, including poly-pharmacy involvement.
- If patient has obviously aspirated, consider bypassing Narcan administration and intubate as required

# Protocol R-02

## OPIATE OVERDOSE

### PHYSICIAN PEARLS:

**ALS evaluation is indicated if Naloxone administered either PTA or by EMS, and transport strongly encouraged. Refusals require medical control contact.**

The Opiate Toxidrome consists of:

- Altered mental status
- Miosis
- Unresponsiveness
- Shallow respirations
- Slow respiratory rate
- Decreased bowel sounds
- Hypothermia
- Hypotension

#### *Comments on Opiate Antagonist*

Rapid reversal of a narcotic induced coma may lead to vomiting, combativeness, seizures and rarely cardiac arrest. Be prepared.

The goal of naloxone administration is to reverse respiratory depression and hypoxia while avoiding while avoiding combativeness and agitation.

These adverse events can be minimized with airway management, slow administration and small titrated doses of naloxone.

Do not delay basic care waiting for Naloxone to work.

Many Opiates have a longer bioavailability than Narcan, therefore assess for re-sedation. Re-administer Narcan as needed.

Certain opioids, such as Imodium, can cause EKG changes and QT prolongation. EKG monitoring is indicated.