

Michigan
General Procedures
NARCAN ADMINISTRATION

Date: June 4, 2015

Page 1 of 2

Narcan Administration

Purpose: This protocol is intended for the management of patients with a known or suspected opioid overdose with respiratory depression **AFTER POSITIVE PRESSURE VENTILATION HAS BEEN ESTABLISHED**

Indications:

Naloxone (Narcan) is indicated for the complete or partial reversal of opioid induced respiratory depression caused by opioid narcotic medications such as: Heroin, Morphine, Hydromorphone (Dilaudid), Methadone, Meperidine (Demerol), Fentanyl (Sublimaze), Oxycodone (Percocet, Percodan), Hydrocodone (Vicodin, Norco) or Codeine (Tylenol 3, Tylenol 4).

Relative Contraindications for Intranasal Administration:

1. Nasal trauma
2. Epistaxis, nasal congestion, (significant) nasal discharge
3. Known cocaine use is a relative contraindication

Pre-Medical Control

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow the **General Pre-Hospital Care Protocol**.
2. If in cardiac arrest, refer to **Cardiac Arrest – General Protocol**.
3. If altered mental status due to hypoglycemia, refer to **Altered Mental Status Protocol**.
4. If respiratory distress, support ventilation and refer to the **Respiratory Distress Protocol** and the **Emergency Airway Procedure**.

MFR/EMT

1. Consider administration of Naloxone when:
 - a. LALS or ALS ETA is > 5 minutes or not available AND
 - b. There is more than 1 rescuer on scene for personnel safety precautions.
2. Treatment goal is adequate patient breathing effort; the patient need not be woken up completely.
3. Per MCA Selection, administer Naloxone Intramuscular auto injection **OR** Intranasal via prefilled syringe with atomizer:

Michigan
General Procedures
NARCAN ADMINISTRATION

Date: June 4, 2015

Page 2 of 2

MFR/EMT Administration Options:
Must select at least one

- Naloxone Auto Injector - 0.4mg IM
- Naloxone Prefilled-2 mg IN via Atomizer –
- **Adult and child over 5 years:** 2ml distribute 1 ml in each nostril.
 - **Child 5 years or younger:** 1ml (**half of the pre-filled syringe**) distributed equally in each nostril.

Note: Maximal volume per nostril is 1 ml.

SPECIALIST/PARAMEDIC

1. Administer Naloxone IM, IN or IV slowly, titrating to improve respiratory status.
 - a. Adult: 2 mg IM, or IN or IV if an IV is already established
 - b. Pediatric: 0.1mg/kg IM/IN/IV-**Refer to the MI-MEDIC for proper dosing.**
2. Repeat as needed.
3. Treatment goal is adequate patient breathing effort; the patient need not be woken up completely.

SPECIALIST/PARAMEDIC Administration Options:
Must select at least one

- Naloxone 2 mg IM, IN, or IV
- Naloxone Prefilled-2 mg IN via Atomizer –
- **Adult and child over 5 years:** 2ml distribute 1 ml in each nostril.
 - **Child 5 years or younger:** 1ml (half of the pre-filled syringe) distributed in each nostril
- Naloxone 0.4mg IM, or IV

EMT/SPECIALIST/PARAMEDIC

4. Transport
5. Notify Medical Control.