Michigan General Procedures

NARCAN ADMINISTRATION

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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**.

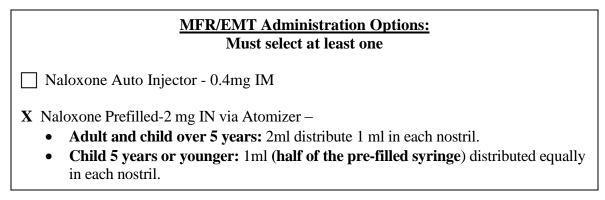
MFR/EMT

- 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:



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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

- X Naloxone 2 mg IM, IN, or IV
- X 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
- **X** Naloxone 0.4mg IM, or IV

EMT/SPECIALIST/PARAMEDIC

- 4. Transport
- 5. Notify Medical Control.

