



**Indication:** Suspected narcotic overdose:

- Environment is suspicious for illegal or prescription use of narcotics, AND
- Victim is poorly responsive and respiratory (breathing) rate appears slow or shallow; or victim is unresponsive and not breathing.

**Standing Order (poor breathing and decreased consciousness):**

1. Assure 9-1-1 EMS medical dispatch is notified.
2. Use personal protective equipment (gloves, face shield).
3. Stimulate victim to determine if the person will awaken.
4. If no response to stimulation and continued poor breathing, administer:

*NARCAN™ Nasal Spray 4 mg preloaded single dose device*

- a. Administer full dose in one nostril
- b. If partial response in breathing or consciousness, repeat 4 mg preloaded dose in nostril opposite to first dose; may repeat additional doses as needed to maintain breathing and consciousness.

OR

*Naloxone (generic):*

- c. Assemble 2 mg syringe and atomizer
- d. Administer 1 mg into each nostril (1/2 total dose into each nostril)
- e. If partial response in breathing or consciousness, repeat 2 mg, 1 mg into each nostril; may repeat additional doses as needed to maintain breathing and consciousness.

If the patient does not respond to a total of 12 mg of intranasal Narcan, further doses will not be effective and are not indicated. In a patient that does not respond, the maximum Narcan dose is 12 mg intranasal.

5. After NARCAN™ or Naloxone administration, observe for improved breathing and consciousness; if no improvement, assist breathing if bag-valve-mask if available or begin CPR if no pulse and no breathing detected.
6. If awakened by NARCAN™ or Naloxone, be alert for sudden, agitated behavior or symptoms of opioid withdrawal, such as vomiting, abdominal cramps, or sweating.
7. If CPR not necessary and it is possible, place patient on left side to avoid inhaling any possible vomit.
8. Report administration of naloxone to EMS personnel for documentation in the EMS Patient Care Record.

Approved:

Review Dates: 2/17, 4/18, 10/20, 9/22  
Final Date of Implementation: 10/1/2022  
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9. Complete report per first responder agency protocol.

**Standing Order (not breathing, unresponsive):**

1. Assure 9-1-1 EMS medical dispatch is notified.
2. Use personal protective equipment (gloves, face shield).
3. Begin CPR (chest compressions with ventilation if bag-valve-mask available).
4. When possible: administer either:
  - NARCAN™ Nasal Spray 4 mg preloaded single dose device*
    - a. Administer full dose in one nostril*
    - b. If no response, immediately begin chest compression CPR*
    - c. If partial response in breathing or consciousness, repeat 4 mg preloaded dose in nostril opposite to first dose; may repeat additional doses as needed to maintain breathing and consciousness.*

OR

*Naloxone (generic):*

- d. Assemble 2 mg syringe and atomizer*
- e. Administer 1 mg into each nostril (1/2 total dose into each nostril)*
- f. If no response, immediately begin chest compression CPR*
- g. If partial response in breathing or consciousness, repeat 4 mg preloaded dose in nostril opposite to first dose; may repeat additional doses as needed to maintain breathing and consciousness.*

If the patient does not respond to a total of 12 mg of intranasal Narcan, further doses will not be effective and are not indicated. In a patient that does not respond, the maximum Narcan dose is 12 mg intranasal.

5. After NARCAN™ or Naloxone administration, observe for improved breathing and consciousness; if breathing or consciousness do not improve, assist breathing if bag-valve-mask if available or begin CPR if no pulse and breathing detected.
6. If awakened by NARCAN™ or Naloxone, be alert for sudden, agitated behavior or symptoms of opioid withdrawal, such as vomiting, abdominal cramps, or sweating.
7. If CPR no longer necessary and it is possible, place patient on left side to avoid inhaling any possible vomit.
8. Report administration of naloxone to EMS personnel for documentation in the EMS Patient Care Record.
9. Complete report per first responder agency protocol.

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