



Application Naloxone by BLS Providers within a Respective EMS Agency

EMS Agency Information:

Agency Name: _____ Affiliate Number: _____
Mailing Address: _____
City: _____ PA Zip code: _____
Telephone: () - _____

EMS Agency Point of Contact Information:

Name: _____
Telephone: () - _____ E-mail: _____

EMS Agency Medical Director Information:

Name: _____
Telephone: () - _____ E-mail: _____

EMS Agency QI Coordinator Information:

Name: _____
Telephone: () - _____ E-mail: _____

Number of vehicles containing Naloxone: _____

EMS agency restocking plan developed with the EMS agency medical director: Attached No

Naloxone will be stored in the EMS agency's station(s) in the following manner: _____

Naloxone will be carried and secured on the EMS vehicle(s) in the following manner: _____

The EMS agency attests to the following:

- Completion of training for BLS providers: Course # 007622
- Documentation of BLS providers permitted to administer Naloxone by the EMS agency medical director
- Acknowledgement of appropriate patient care reporting documentation
- Defined quality assurance/improvement process, including review by the EMS agency medical director
- Policies and procedures for inventory, storage, security **and** proper disposal of medication and administration devices

Signature of EMS Agency Representative

Date

Signature of EMS Agency Medical Director

Date

To be completed by Regional EMS Office:

Date Received: _____

Date Approved: _____

Received by: _____

Approved by: _____

**EMS Agency Medical Director Agreement
Naloxone by BLS Providers within a Respective EMS Agency**

As per the Pennsylvania Department of Health requirements,

EMS Agency Name: _____

and

EMS Agency Medical Director: _____

enter into this collaborative agreement in which;

1. The EMS agency will acquire, store, account, and dispose of Naloxone according to written policies and procedures.
2. The EMS agency will ensure the treatment protocols are utilized by all participating personnel for the proper administration of Naloxone.
3. The EMS agency will ensure Naloxone will only be administered by authorized BLS providers who have successfully completed the Pennsylvania Department of Health approved training program and received authorization from the EMS agency's medical director.
4. The EMS agency will require all Naloxone administrations to be documented appropriately in an electronic patient care report (PCR) by a Pennsylvania approved PCR vendor. Additionally, all Naloxone administrations will be reported to the EMS agency's assigned regional EMS council utilizing the attached quality improvement form.
5. The EMS agency agrees to include review of all BLS Naloxone administrations in the EMS agency's quality improvement plan as required by the Pennsylvania Department of Health.
6. The EMS agency will review and update this agreement on an annual basis or as any of the content in this agreement changes, and will provide the most recent agreement at the triennial licensure inspection or at the request of the Department of Health or regional EMS council.

Signature of EMS Agency Representative

Date

Signature of EMS Agency Medical Director

Date

Quality Improvement Form
Naloxone by BLS Providers within a Respective EMS Agency

Your agency may send a copy of this form to Timothy Melton at the Emergency Health Services Federation by fax, 717-774-6163, or e-mail, tmelton@ehsf.org.

EMS Agency Name: _____

Date of Incident: _____ PCR #: _____

BLS Provider Administering Naloxone:

Name: _____ Certification Number: _____

Patient Information:

Age (years): _____ Gender: male female

Positive History of Drug Abuse: yes no

Time of Initial Patient Contact: _____

Time of Conclusion of Patient Care: _____

Time of Onset: _____

Time of Initial Naloxone Administration: _____

Time(s) of Additional Naloxone Administration: _____

Did the patient show improvement? yes no

Did the patient's status worsen? yes no

Was ALS available? yes no

If not, why? _____

Was medical command contacted? yes no

Patient Transfer of Care:

To another EMS agency? yes no

Name of EMS Agency: _____

OR

Name of Receiving Facility: _____

Name of Receiving Facility Staff Assuming Responsibility: _____

**POISONING/TOXIN EXPOSURE (INGESTION / INHALATION / ABSORPTION / INJECTION)
STATEWIDE BLS PROTOCOL**

Criteria:

- A.** Patient who has accidentally or purposefully been exposed to toxic substances. Including:
 - 1. Ingested toxins
 - a. For example pills, capsules, medications, recreational drugs, poisonous plants, strong acids or alkali household or industrial compounds
 - 2. Inhaled toxins
 - a. For example carbon monoxide and other toxic gases
 - 3. Absorbed toxins
 - a. For example substances on skin or splashed into eyes
 - 4. Injected toxins
 - a. For example snake bites or substances injected through the skin
- B.** Patient with suspected narcotic overdose who may have symptoms of unresponsiveness, decreased respiratory effort, pinpoint pupils, history of narcotic ingestion or fentanyl patches on skin.

Exclusion Criteria:

- A.** None

System Requirements:

- A.** Only an EMR or EMT that has completed the Naloxone for EMR/EMT module on the Learning Management System may administer naloxone.
- B.** EMRs and EMTs may only administer naloxone by intranasal or autoinjector routes.
- C. [Optional]** BLS services (QRS or ambulance) may carry naloxone for administration by the agency's EMR/EMTs.
 - 1. These services must comply with Department of Health naloxone requirements for these services and for the training of service providers before the service is permitted to stock and carry naloxone.
 - 2. The EMS agency medical director must oversee the carrying and use of naloxone.

Treatment:

- A. All patients:**
 - 1. Initial Patient Contact – see Protocol # 201.
 - a. **WARNING: EMS providers must not enter confined spaces with potential toxic gases (e.g. manure pits, silos, spaces with carbon monoxide, spaces with industrial gases) unless providers have proper training and PPE.**
 - b. If toxic exposure/ overdose is the result of intentional behavior- also see Behavioral Emergency/ Patient Restraint protocol #801.
 - 2. Maintain adequate airway and ventilate if needed (two-person two-thumbs-up BVM technique preferred).
 - 3. Administer high concentration oxygen, if altered level of consciousness, shortness of breath, abnormal respiratory rate, or patient coughing.
 - 4. [OPTIONAL] Monitor pulse oximetry. ¹
 - 5. Consider call for ALS if available, particularly for decreased LOC. See Indications for ALS Use protocol #210.
 - 6. Determine:
 - a. What – identify specific toxin and amount, if possible.

- 1) If possible, safely transport source of toxin (e.g. prescription pill bottles) with patient to receiving facility.
 - 2) EMS vehicles should not transport dangerous items (e.g. toxic chemicals that are not sealed in their original containers, live snakes, etc....)
 - b. When – identify time of exposure, if possible.
 - c. Why – identify reason for exposure, if possible.
 - d. Where – identify environmental site issues (e.g. exposure in a confined space or carbon monoxide present).
7. Give **naloxone** (if available) if decreased respiratory rate and suspected narcotic overdose
Goal = adequate respiration and oxygenation (not awakened patient).
- a. Ventilation with BVM takes priority over naloxone administration.
 - b. In pulseless patients, naloxone is not indicated and CPR should be initiated immediately.
 - c. Administration options:
 - 1) Naloxone, 2 mg intranasal using mucosal atomizer device or
 - 2) Naloxone, 0.4 mg intramuscular by autoinjector, may repeat if inadequate response in 5 minutes.
 - d. CAUTION: Patients that receive naloxone may have rapid onset of withdrawal symptoms, including agitation, vomiting, and violent behavior.
 - e. CAUTION: Naloxone half-life is 30-45 minutes and respiratory depression may recur when naloxone wears off.
 - f. EMR and EMT may not administer naloxone by intravenous, intramuscular (without autoinjector), or endotracheal methods.
8. Do not give anything by mouth to a patient with an altered level of consciousness or an unconscious patient.²
9. Treat specific toxins based upon the appropriate category:
- a. **Ingested Toxins.** Treat all exposures as follows:
 - 1) **DO NOT INDUCE VOMITING.**
 - 2) Poison Control Center or Medical Command for possible order for activated charcoal (if available).^{3,4,5}
 - b. **Inhaled Toxins.** Treat all symptomatic (e.g. SOB, cough, headache, decreased LOC) patients as follows:
 - 1) Only personnel with proper training and wearing proper PPE should enter environments that may have toxic gases.
 - 2) Remove patient from environment.
 - 3) Ventilate, if needed.
 - 4) Administer 100% oxygen.
 - a) **WARNING: Pulse oximetry monitors give false readings in patients that have been exposed to carbon monoxide or cyanide, and these devices should never be used in these patients.**
 - c. **For Absorbed Toxins:**
 - 1) Remove contaminated clothing.
 - 2) Flush affected area copiously:
 - a) Liquid substance - Irrigate with copious amounts of room temperature water. Do not contaminate uninjured areas while flushing.
 - b) Dry substances- With gloves and appropriate PPE, brush remaining powder from skin and clothing, then irrigate with copious amounts of water.⁶
 - c) Eyes- Flush affected eyes continuously with water or saline if eye exposure.
 - d. **For Injected Poisons/ Snakebite:**

- 1) Identify type of snake or animal (e.g. scorpion), if safe and possible. If identity of a snake is not known, all victims of snakebite should be treated as if the snake is poisonous. Do not delay transport while attempting to capture or kill a snake.
- 2) Calm patient.
- 3) Administer high-flow oxygen, if respiratory symptoms are present.
- 4) Remove jewelry and tight clothing.
- 5) Consider immobilizing the involved body part. For snakebite, when time to arrive at a hospital is extended, consider a pressure immobilization bandage using an elastic (ACE-type) bandage wrapped around the entire length of the bitten extremity – comfortably tight and snug but allowing for a finger to be slipped under it. If extremity involved, keep the extremity below the level of the patient’s heart.
- 6) Keep the patient as still as possible to reduce the circulation of the venom. Carry patient for transport, if possible.
- 7) Apply constricting band proximal to bite if patient is hypotensive.
- 8) **DO NOT APPLY ICE.**
10. Transport.
11. Monitor vital signs and reassess.
12. Contact Medical Command or Poison Control Center³ if additional direction is needed.

Possible Medical Command Orders:

- A. Administration of activated charcoal (if available) may be ordered **4,5**:
 1. **Adults:** 25 - 50 gm orally of pre-mixed activated charcoal.
 2. **Children:** 1 gm/ kg orally or approximately 12.5 - 25 gm orally of pre-mixed activated charcoal.

Notes:

1. See Pulse Oximetry protocol #226. Pulse oximetry may only be used by BLS services and providers that meet DOH pulse oximetry requirements. If used, pulse oximetry must not delay the application of oxygen. Record SpO2 after administration of oxygen. If pulse oximetry is used and patient does not tolerate NRB mask, may switch to nasal cannula as long as SpO2 remains ≥94%. Pulse oximetry is not accurate in patients with suspected exposure to carbon monoxide or cyanide and shall not be used in these situations.
2. Contact Poison Control Center or Medical Command before administering anything by mouth.
3. National **Poison Control Center Phone number is 800-222-1222**. EMS providers must follow instructions from Poison Control Center unless the orders are superseded by orders from a medical command physician. These instructions must be documented on the PCR.
4. Activated charcoal (if available) may only be given by order of medical command or poison control.
5. Contraindications to charcoal:
 - a. Patient unable to swallow/protect airway.
 - b. Seizures.
 - c. Hydrocarbons ingestion (e.g. turpentine)
 - d. Caustic substance ingestion (e.g. liquid drain cleaner or milk pipe cleaner)
6. Note- some substances, like dry lime will cause a heat-producing reaction when mixed with water. Copious water should be available before beginning to irrigate.

Performance Parameters:

- A. Review for documentation of orders received from Poison Control Centers or Medical Command.

Frequently Asked Questions

Naloxone by BLS Providers within a Respective EMS Agency

1. What is the reporting process after a BLS provider administers the medication?

After administering Naloxone, the primary care provider is responsible for appropriately recording the treatment in the patient's electronic patient care report. The EMS agency leadership should complete a review of the ePCR.

2. Can you give Naloxone if you don't know what the person took?

Yes, but you should have reasonable beliefs the patient overdosed from an opiate. Pinpoint pupils in an unknown overdose without breathing or with decreased respirations is a sign of a likely opioid overdose of someone who should receive Naloxone.

3. Will Naloxone work for someone who is pulseless and is not breathing?

According to BLS Protocol 831, naloxone is not indicated for a pulseless patient. CPR should be initiated immediately.

4. What are the options for administration of Naloxone?

There are two options for BLS providers to administer Naloxone. One option is intranasal: administer 2 mg Naloxone using a mucosal atomizer device. The other option is intramuscular by autoinjector: administer 0.4 mg Naloxone using the autoinjector.

5. Are there any situations where there may be difficulty with administration or uptake of the medication?

Generally, there are very few problems with Naloxone administration. Here are some possible difficulties:

- Drugs like cocaine which are vasoconstrictors can prevent absorption.
- Bloody nose, nasal congestion, mucous discharge will decrease effectiveness of nasal medication.
- Lack of nasal mucosa as a result of surgery, injury, or cocaine abuse may also decrease absorption through the nose.
- If administering more medication than 1 ml per nostril at one time, it is likely to run off.

6. Does it matter if a person overdosed on a prescription drug as opposed to a street drug, such as Heroin?

It does not matter because both prescription and non-prescription opiate medications can be reversed by Naloxone. Some of these medications will require more Naloxone than others. Common street drugs like Heroin will be reversed by this. Common prescription medications like MS Contin, Vicodin, Lortab, Percocet, Oxycodone, and other opioid medications will be reversed by Naloxone as well.

7. Can we give this medication to determine what the patient did take?

If somebody is altered, do not give them this medicine. If they have decreased respirations/not breathing well enough, then they administer Naloxone. It is not appropriate to administer Naloxone as a trial for determining what the patient took but trying to reverse the opioid they have on-board.

8. Would this work on somebody who consumed a Fentanyl Patch?

Yes. It will work for a patient who consumed Fentanyl or a Fentanyl Patch. A Fentanyl Patch is designed for application over three days. If someone consumed a Fentanyl Patch, they may have little resolution with their symptoms after the initial dose of Naloxone and will need additional doses of Naloxone.

9. What if we give the Naloxone to someone who does not need it?

If there is not an opioid on-board, there will likely be no effect from Naloxone.

10. Can you give the medication if the patient is seizing?

If the patient is actively seizing, it is unlikely they will be overdosing on an opioid medication. However, if they are not breathing and begin to tremor, it may be because of hypoxia. If there are any questions, contact a medical command physician.

11. Do you have to contact medical command before administering Naloxone?

No. There is a Pennsylvania Statewide Protocol to allow BLS providers to administer a dose of Naloxone before contacting medical command.

12. How long before administering another dose?

If administering Naloxone via intramuscular with an autoinjector, the BLS provider may repeat the dose in five minutes if there is an inadequate response. If there is still inadequate response after the second dose, continue airway management and contact medical command.

If administering Naloxone via intranasal, the protocol does not provide guidance for a repeat dose. Continue airway management and contact medical command.

13. If there is no access to the nose because of injury or another issue and my agency only permits intranasal administering, can the medication be applied sublingually?

No. The nature of the lining of the mouth is different than the nasal mucosa. Naloxone must be administered via the nose if only permitted to administer intranasal Naloxone.

14. Is Naloxone temperature sensitive?

Yes. This medication can be safely stored between 15°C to 25°C (59°F to 77°F).

Storage and Safeguarding Guideline Naloxone by BLS Providers within a Respective EMS Agency

All EMS agencies carrying medications for use by BLS providers, prior to placing them in service, must develop policies and procedures including, but may not be limited to the following items; inventory control, storage, expiration and replacement of these items and the process for provider education.

In an effort to assist the EMS agencies in maintaining control of the Naloxone to be administered by BLS providers, the following should be the minimum requirements implemented by each EMS agency providing this level of care.

- The medications must be stored in an environment protecting them from extreme temperature changes and light. According to most medication manufacturer's guidelines, medications must be stored at temperatures ranging from 15°C to 25°C (59°F to 77°F).
- All medications must be secured in a container or location capable of being secured with a lock or numbered tear-away-type inventory control tag when not being used for patient care.
- The medication must be placed in either a closed ambulance compartment or inside a bag or box that is taken to the patient's side.
- It is strongly recommended BLS medications not be placed in the same locked cabinet with medications, syringes or needles used by Advanced Life Support Providers.
- The EMS agency must provide safe disposal for medical waste/sharps on EMS vehicles.

Medication Information

Naloxone by BLS Providers within a Respective EMS Agency

Class:

Narcotic Antagonist

Description:

Naloxone is an effective narcotic antagonist

Mechanism of Action:

Naloxone is chemically similar to narcotics; however it has only antagonistic properties. Naloxone competes for opiate receptors in the brain and displaces narcotic molecules from opiate receptors. It can reverse respiratory depression from narcotic overdose.

Indications:

Complete or partial reversal of depression caused by narcotics. Naloxone can also be used in the treatment of coma of unknown origin.

Contraindications:

Known hypersensitivity

Precautions:

Naloxone should be administered cautiously to patients who are known or are suspected to be physically dependent on narcotics. Abrupt and complete reversal by Naloxone can cause withdrawal type effects.

Side Effects:

Hypotension, hypertension, ventricular arrhythmias, nausea, vomiting

Interactions:

Naloxone may cause narcotic withdrawal in the narcotic dependent patient. Only enough of the drug should be given to reverse respiratory depression.