

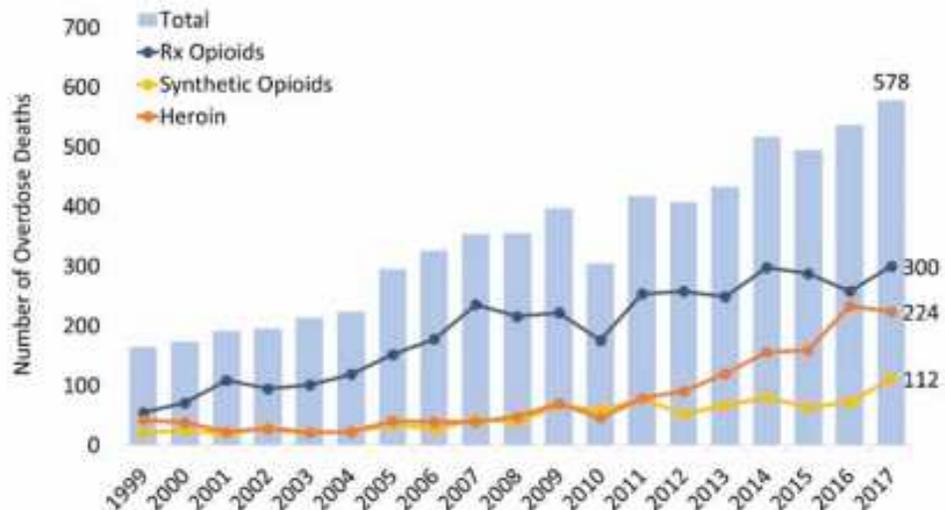


Title Opioid overdoses and Naloxone	Date 06/21/2019
CDE Number M-1906015	CDE Credit Hours 1.5 HRS

Across the country, opioid involved overdoses have been on the rise. Here in Colorado we have seen a rise, but we are still below the national average. Colorado's overdose deaths has a rate of 10 deaths per 100,000 people, the national average is 14.6 deaths per 100,000. The greatest rise occurred among heroin involved deaths.

Figure 1. Number of overdose deaths involving opioids in Colorado, by opioid category. (Drug categories presented are not mutually exclusive, and deaths might have involved more than one substance.)

Source: CDC WONDER)



What is an Opioid?

Opioids are a class of drugs including heroin, synthetic opioids such as fentanyl, and pain relievers available by prescription. Some prescription opioids are: oxycodone (OxyContin), Vicodin (Hydrocodone), Percocet, morphine, and codeine. Some more common synthetic opioids are fentanyl, carfentanyl, and tramadol. Although synthetic opioids are manufactured by pharmaceutical companies, they are also made illegally in clandestine labs. These illegally produced drugs tend to be highly potent which may create different scene safety issues for responders to consider.

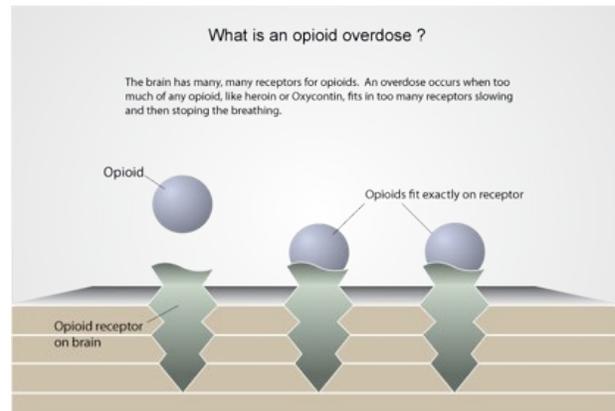


What is an overdose?

The human body has opioid receptors in several areas including the brain, central and peripheral nervous systems, and the gastrointestinal tract. During a narcotic overdose, these receptors are activated and slow the body down. When the body gets overwhelmed by narcotics, all of these receptors are blocked and they can't function. The patient may lose consciousness and be unable to control their breathing.

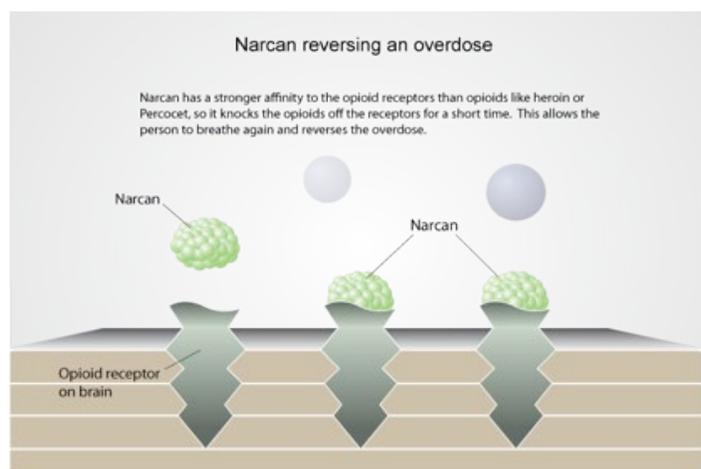
Some of the signs and symptoms of an opioid overdose include:

- Cold skin
- Blue lips or fingers
- No response to pain
- Pinpoint pupils
- Difficulty breathing



Naloxone (Brands: Evzio and Narcan)

Naloxone is known by its brand name Narcan. It is used to counter the effects of an opioid (narcotic) overdose. Narcan is used to counteract life threatening depression of the central and respiratory systems by blocking the effects of the opioids from the brain receptors. In doing this, it can (but not always) cause withdrawal symptoms such as headaches, rapid heart rate, sweating, and tremors. Patients can also become agitated. It is important to advise the caller to beware of an attack so they are prepared to get



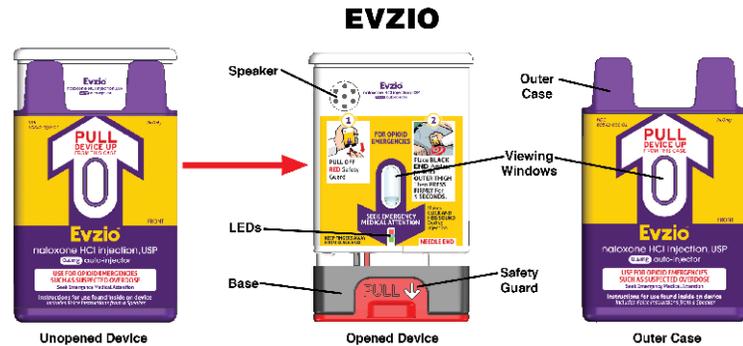


to safety if needed. Naloxone can be administered by injection (into the muscle) or the more common method of nasal spray. The nasal spray is more concentrated than the injection:

Narcan nasal spray is the more commonly known form of Naloxone. It is a prefilled, needle-free device that requires no assembly and is sprayed into the nostril of the patient.



Evzio is a prefilled auto-injection device put into the outer thigh. Once activated, this device will provide verbal instructions to the user on how to deliver the medication.



Overdoses and the EMD:

In the 9-1-1 world callers tend to be hesitant volunteering what type of drug their friend has taken because they don't want to get them in trouble. It is important to try and get a clear picture during "Tell me exactly what happened" In ProQA version 13.2 a new ECHO level Narcotic/Opioid arrest (obvious) has been added. This is done to and identify and treat these types of calls and possibly give Narcan instructions without delaying patient care. If the caller is not giving any indication that the patient overdosed, and they are in cardiac arrest, take the pathway more appropriate with what the caller is describing. Do not delay patient care trying to determine if the cardiac arrest was due to an overdose.

- Obviously NOT BREATHING & Unconscious (non-traum)
- Verified Choking – COMPLETE obstruction
- Narcotic/Opioid arrest (obvious)
- Hanging
- Strangulation (no assailant present)
- Suffocation
- Underwater (non-SPECIALIZED rescue)
- Underwater (SPECIALIZED rescue)
- Sinking vehicle – Caller inside
- Vehicle in floodwater – Caller inside
- Person on fire



Another tip when processing overdose calls is to clarify information when needed. If the answer to "What did they take?" is a medication name that isn't listed on the protocol, it is okay clarify what type of medication it is. Sometimes the caller knows this information and can verify if it is a narcotic.

Antidepressant (tricyclic):

Cocaine (or derivative)

Methamphetamine

Acid

Alkali (lye)

Medications:

Poison:

Narcotics (heroin, morphine, methadone, OxyContin,

Plant:

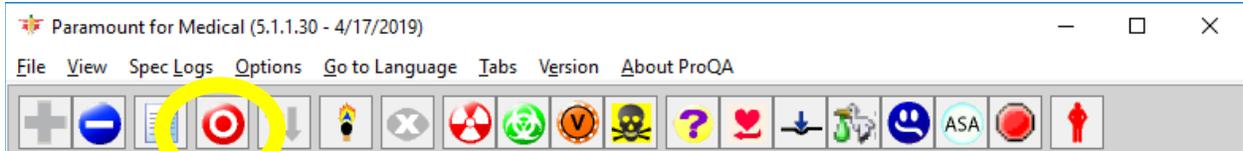
Other (unlisted):

Unknown

If at any time it is determined that the patient is in cardiac arrest or unconscious due to a narcotic (opioid) overdose and the caller has Narcan, we can have them administer it or give them instructions to administer it as soon as possible. The Narcan/Naloxone instructions can be found by utilizing the Specific PAI Target tool at the top of ProQA (after the send point).



Specific PAI Target Tool:



Specific PAI Target Tool

Case Exit X-1	Control Bleeding
Arrival Interface	Amputation
Urgent Disconnect	Seizure PDIs
Cord around Neck / Body	Critical Caller Danger
Monitor Baby / Mother	Case Entry PDIs

Adult Child Infant Newborn/Neonate

PAI Protocol

- C. Airway / Arrest / Choking (Unconscious) – Adult ≥ 8 yrs
- D. Choking (Conscious) – Adult / Child / Infant / Neonate
- F. Childbirth – Delivery
- G. Miscarriage
- K. Person in Water
- L. Vehicle in Water
- M. Childbirth – Delivery (1st Party)
- P. Epinephrine (Adrenaline) Auto-Injector Instructions
- Q. Narcan/Naloxone Nasal Instructions
- R. Naloxone Auto-Injector (Evzio) Instructions
- S. Naloxone Injection Instructions
- X. Case Exit
- YC. Tracheostomy (Stoma) Airway / Arrest / Choking (Unconscious) – Adult ≥ 8 yrs
- Z. AED Support

PAI Panel

1. (Phone to Patient – Adult)	11. CPR (Compressions 1st)
2. Position Patient	11a. CPR (Compressions Only/Refused M-T-M)
3. Check Breathing	13. Change Head Tilt
4. Pathway Director (select one)	13a. Mouth-to-Mouth
5. Start Mouth-to-Mouth	14. Continue Mouth-to-Mouth
6. CPR Landmarks	15. Clear Airway
7. CPR (Ventilations 1st/Unconscious Choking)	16. Maintain and Monitor
8. Continue CPR plus Mouth-to-Mouth	17. Breathing Evaluation
9. Continue CPR	19. EXPECTED DEATH
10. Reassure/Continue CPR	20. OBVIOUS DEATH
	21. Unable to Move Patient: on Bed or Chair?

OK Cancel

Selecting the PAI Target tool will bring up a list of available pre-arrival instructions. Select the Narcan/Naloxone instruction that best fits with the type the caller has



Things to consider:

There have been some instances where callers find an unconscious patient and volunteer that they have Narcan and ask if they should give it, we can tell the caller to use it. Our physician Doctor Bronsky has confirmed that he has approved for us to give it if the caller asks. He says, "There would be no reason not to give it. Can't cause harm, but could help" The patient does not have to be in cardiac arrest to administer Narcan.

Resources:

National Institute on Drug abuse:

<https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/colorado-opioid-summary>

Spotlight on Colorado: Best Practices and Next Steps in the Opioid Epidemic:

https://www.end-opioid-epidemic.org/wp-content/uploads/2019/01/AMA-Paper-Spotlight-on-Colorado-January-2019_FOR-WEB.pdf



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I verify that I read and am familiar with the contents of this document.

Please return this to your agency's training coordinator for CDE credit. If you have any questions please contact us at 911training@elpasoteller911.org

X _____

Signature

DATE

X _____

Printed Name

X _____

Agency