

**Town of Mansfield**  
**PROTOCOL AND PROCEDURES**

**ADMINISTRATION OF NALOXONE (NARCAN)**

**Purpose:**

- Naloxone is an opioid antagonist that is used to reverse the effects of opioids.
- Current research has determined that Naloxone administration has been found to prevent death from opioid overdose, as well as reduce disability and injury from opioid overdoses.
- Opioids include but are not limited to: Codeine, Demerol, Fentanyl, Heroin, Morphine, Oxycodone, and others.
- The rapid administration of Naloxone may be lifesaving in patients with an overdose due to opioid use. (Doe-Simpkins, Walley, Epstein, & Moyer, 2009)

**Drug:** Naloxone (Narcan)

**Dose:** 2mg initial dose for individuals > 20 kg or  $\geq$  5years of age

Naloxone HCL 1 mg/ml, in pre-filled 2ml Luer-Lock needleless syringe via intranasal atomizer OR 4 mg Nasal Spray

**Route:** Intranasal only

**Indication:** Trained staff may administer Naloxone to an individual in the event of respiratory depression, unresponsiveness, or respiratory or cardiac arrest when an overdose from opioid is suspected. Person is unresponsive, very low respiratory rate or not breathing, low blood pressure, and there is no response to sternal rub

**PROCEDURE**

**1. Activate EMS: Call 911.**

- a. Trained staff or designee will call 911 to activate emergency medical service response
- b. Staff or designee will activate the building Medical Emergency Response Team (MERT) procedures for medical emergency situations via town intercom system. MERT procedures located in the Emergency Procedures Guide.

**2. Assessment: ABC's: Airway, Breathing, Circulation**

- a. For pulseless individuals, initiate CPR per BCLS guidelines
- b. For apnea with pulse: establish airway and begin rescue breathing
- c. Check for: foreign body in airway, level of consciousness\* or unresponsiveness, very low respiratory rate or not breathing, no response to sternal rub, respiratory status\* gasping for air while asleep or odd snoring pattern, pale or bluish skin, slow heart-rate, low blood pressure, no response to sternal rub. Pinpoint pupils and track marks may be present, although absence of these findings does not exclude opioid overdose.
- d. **\*Level of consciousness**
  - i. The trained staff determines that the person presents with a decrease in level of consciousness as evidenced by;
    1. Difficult to arouse (responds to physical stimuli but does not communicate or follow commands, may move spontaneously)
    2. Unable to arouse (minimal or no response noxious stimuli, does not communicate or follow commands)
- e. **\*Respiratory status**
  - i. The trained staff determines that the person presents with a depression of respiratory status as evidenced by;

1. Decrease in respiration rate
  2. If available, interpretation of pulse oximetry measurement
- f. Trained staff determines need for Naloxone administration
3. **Administration: Intranasal administration of Naloxone**
- a. Assess person for contraindications or precautions to Naloxone, per available information
  - b. Exclusion criteria also includes: nasal trauma or epistaxis
    - i. Lay the person on their back to receive a dose of **NARCAN Nasal Spray**
    - ii. Remove **NARCAN Nasal Spray** from box and peel back the tab with the circle to obtain the spray bottle
    - iii. Hold the **NARCAN Nasal Spray** with your thumb on the bottom of the plunger and hold your first and middle fingers on either side of the nozzle
    - iv. Tilt person's head back and provide support under the neck with your hand
    - v. Gently insert the tip of the nozzle into one nostril until your fingers are on either side of the nozzle are against the bottom of the person's nose
    - vi. Press plunger firmly to give the dose of **NARCAN Nasal Spray**
    - vii. Remove spray from nostril
  - c. Continue rescue breathing or BCLS as needed or Move person on their side (recovery position)
  - d. Await emergency medical personnel and monitor person
  - e. If no response, an additional second dose may be administered after 3-5 minutes.  
Naloxone duration of action is 30-90 minutes.
  - f. Transport to nearest hospital via EMS

**Storage:** Store at 59° to 86° F, away from direct sunlight

**Possible Side Effects:** Acute withdrawal symptoms, change in mood, increased sweating, nervousness, agitation, restlessness, tremor, hyperventilation, nausea, vomiting, diarrhea, abdominal cramping, muscle or bone pain, tearing of eyes, rhinorrhea, craving of opioid, rash hives, itching swelling of face, lips, or tongue, dizziness, fast heartbeat, headache, flushing, sudden chest pain

**Considerations:** Withdrawal can be unpleasant; Person may just breathe but not have full arousal or person may need continued rescue breathing and support.

**Documentation:** Tracking of overdose reversals will be recorded and submitted to the most recent training organization who shall submit their report to CT DPH and DMHAS on a monthly basis.

**Documentation must include patient presentation, route (intranasal), and dose that was administered as well as the patient's response to the Naloxone administration.**

**THIS MUNICIPALLY SUPPLIED NALOXONE (NARCAN) IS ONLY TO BE ADMINISTERED BY TRAINED STAFF.**

Medical Advisor Signature: \_\_\_\_\_ MD      Date: \_\_\_\_\_

[physician name]