

# BLS Administration of Naloxone to Reverse Opioid Overdose

## Frequently Asked Questions

(FAQs 1, 15, 16, and 17 are WREMAC specific)

### 1. What is the reporting or follow-up process after we administer the medication?

For the first 6 months, after you give a dose of the Naloxone you must perform an internal QA review. You may use your existing QA process or the WREMAC sample QA form. You must keep a record of this call and your QA review. At this time you do not need to submit this data to the program agencies or WREMAC, but must submit it if requested.

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

Yes but you should be pointed towards the fact that it's an opiate. Some thing should give you the information that the person has an overdose that you will be able to reverse. Pin point pupils in an unknown overdose with out breathing or with very little breathing. That would be the sign that it would likely be an opioid overdose and someone should use the Naloxone on them.

### 3. Will Naloxone work for someone that is pulseless and that isn't breathing?

An opioid overdose can cause someone to go into a cardiac arrest, but if the heart is not beating medication in their nose isn't going to be circulated through their body and it's not going to help. It's something that might be used by paramedics or critical care techs as part of their resuscitation for the patient but won't help initially until they regain spontaneous circulation.

### 4. How much time after the overdose do you have to administer the Naloxone?

It will not work on cardiac arrest but any patient not breathing well will benefit from the Naloxone if they took an opiate and that's the reason so those are the patients we are going to give it to. They don't have to be breathing at all for the medicine to work because where it's absorbed is on the mucosal surface on the inside of the nose. It's not absorbed in the lungs with them breathing it in and out.

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

Generally, there are very few problems with administering the medication or uptake of the medication by the nasal mucosa. Here are some possible problems to be aware of:

- 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 nose.
- If given more medication than 1ml or more per nostril, it's 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 doesn't. Both prescription and non-prescription opiate medications will be reversed by Naloxone. Some of these medications will require more Naloxone than others but it will work. 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 use this medication to determine what they did take?

If somebody is altered, don't give them this medicine. If they are hypo-ventilatory, and not breathing well enough, then they can get the Naloxone. Naloxone is not for trying to figure out what they took but trying to start them breathing by reversing the opioid they have on board.

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

Absolutely. It will work on someone that took Fentanyl or took a Fentanyl Patch. The Fentanyl Patches have an incredible amount of medication in them. It's a long acting medication that is designed for

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application over 3 days. If someone consumes a Fentanyl Patch, they may have a little bit of resolution with their symptoms with their initial dose of Naloxone, but they may need more. So it's definitely a patient who if you have the ability to get more Naloxone to the scene, into the patient or meet other crews enroute to the hospital who can give you more Naloxone, it's definitely a patient who needs it.

#### **9. What if we give the Naloxone to someone who doesn't need it?**

If there isn't an opioid on board for that patient, there will be no effect from the Naloxone.

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

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

#### **11. Do you have to call a doctor before administering the medication?**

No. With this project, there is a standing order that allows EMT-B to administer the medication.

#### **12. How long before administering another dose?**

If there is no response, or limited response, you may give another dose in 10 minutes.

#### **13. Can the medication be applied sublingually if there is no access to the nose due to injury or other issue?**

No. The nature of the lining of the mouth is different than the nasal mucosa. Naloxone must be administered via the nose.

#### **14. Is the medication temperature sensitive?**

Yes, but not terribly so. This medication can be safely stored with your EpiPen.

#### **15. What does an agency need to do to participate?**

In order to participate in the BLS intranasal naloxone program, the EMS agency must have approval from its medical director, complete the approved training and make notification to the WREMAC.

#### **16. What are the approved trainings for WREMAC agencies?**

Providers may use the state approved training video, review the written materials and attend a brief supervised practice session. The video is available at:

<http://hivtrainingny.org/account/logon?crs=821>. This will take you to the DOH website which has the training video and associated materials. To access the materials, you must establish an account which is free and takes only a couple of minutes. Once you establish an account, you will be directed to the training materials.

or

Providers may attend a live in-service by a Medical Director (or designee) utilizing the WREMAC approved PowerPoint, review the written materials and attend a brief supervised practice session. The PowerPoint is available at:

[www.wremac.org](http://www.wremac.org).

#### **17. Can ALS providers utilize intranasal naloxone?**

EMT-I provider may participate in the BLS naloxone program under the same requirements as EMT-Bs. AEMTs, EMT-CCs or Paramedics may administer IN naloxone as part of the existing WREMAC protocol