



PAUL R. LEPAGE
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
152 STATE HOUSE STATION
AUGUSTA, MAINE
04333



JOHN E. MORRIS
COMMISSIONER

JAY BRADSHAW
DIRECTOR

To: Maine Emergency Medical Dispatchers and EMD Centers
From: J. Matthew Sholl, M.D, State EMS Medical Director
Subject: Emergency Medical Dispatcher Guidance - Naloxone Administration Kits

Date: September 12, 2014

Purpose:

To provide guidance to Maine Emergency Medical Dispatchers regarding naloxone (brand name “Narcan”) administration kits

Guidance

The Maine EMS EMD protocol does not specifically address naloxone kit usage; the guidance below is provided to Maine Emergency Medical Dispatchers to help them handle overdose situations where naloxone kits are present.

For a patient with a suspected drug overdose, when the caller indicates that a naloxone (Narcan) kit is available or the emergency medical dispatcher has asked the caller and determined that a kit is available:

1. If the patient is unconscious and breathing effectively, provide post-dispatch-instructions (PDIs) and pre-arrival instructions (PAIs) per EMD protocols. If the caller asks about administering naloxone, tell them to follow the physician’s instructions for using the kit.
2. If the patient is not breathing or has ineffective breathing, provide post-dispatch-instructions (PDIs) and pre-arrival instructions (PAIs) per EMD protocols. If there is another person at the scene - in addition to the person providing basic life support - have that person prepare and administer naloxone, as directed. Except as indicated in paragraph 3, below, do not delay basic life support in order to administer naloxone.
3. If the caller refuses to provide basic life support per PAIs, have the caller administer naloxone, as directed.
4. If the caller is the person experiencing a potential overdose, advise the caller to self-administer naloxone, as directed.

In suspected cases of overdose, the Emergency Medical Dispatcher will ask if there is a Narcan kit available.

Patients regaining consciousness after receiving naloxone may become violent or combative. Continue to monitor the call and follow EMD protocols for Danger or Violent situations, as necessary.

Notify responding EMS crews if Narcan has been administered prior to EMS' arrival, or if there is an unused naloxone kit at the scene.

Background

The aforementioned guidance has been developed to assist Maine-licensed Emergency Medical Dispatchers with calls in which a naloxone (Narcan) kit may be available at the scene of a suspected narcotic overdose.

The Medical Priority Dispatch System™ (MPDS), used as Maine's statewide EMD protocol, provides limited information about naloxone. The "Additional Information" in Protocol 23 – Overdose/Poisoning states:

Narcotics (heroin, morphine, Demerol™) can cause a rapid loss of consciousness and respiratory arrest. Supporting the patient's breathing is essential. The effects of narcotic **OVERDOSE** can be treated with a specific drug (**naloxone**) in the prehospital environment.

The International Academies of Emergency Dispatch (IAED) is currently developing a naloxone administration protocol to be incorporated into a future version of the MPDS.

Emergency Medical Dispatchers may begin to see an increase in naloxone-related questions or requests due to a new Maine law (22 M.R.S.A. Chapter 556-A §2353) that allows a physician to prescribe naloxone to a person at-risk of an opiate (i.e., a drug derived from opium) or opioid (i.e., a synthetically produce narcotic) overdose, or to a family member of the at-risk person. The new law also allows police and firefighters to administer naloxone after completing Maine EMS Medical Direction and Practices Board approved (MDPB) training.

The emergency medical dispatcher's first priority in overdose situations is to provide post-dispatch and pre-arrival instructions for rescue breathing and/or cardiac compressions per Maine EMD protocols.¹ The caller or other person at the scene should be advised to administer naloxone, as directed by the prescribing physician, only if it does not compromise ongoing basic life support.

¹ While naloxone may reverse the effects of narcotic overdose in respiratory depression, it has no role in cardiac arrest management. - Vanden Hoek, Terry L., *et. al*, 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science Part 12: Cardiac Arrest in Special Situations 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation*. 2010; 122: S829-S861

Some common forms of opiates and opioids include, but are not limited to:

Opiates

- Heroin
- Morphine
- Codeine
- Diacetylmorphine
- Desomorphine

Opioids

- Hydrocodone (sold as Lortab, Lorcet, Vicodin and others)
- Oxycodone (sold as OxyContin, Percocet, Percodan and others)
- Buprenorphine (sold as Subutex or Suboxone)
- Methadone
- Tramadol
- Fentanyl

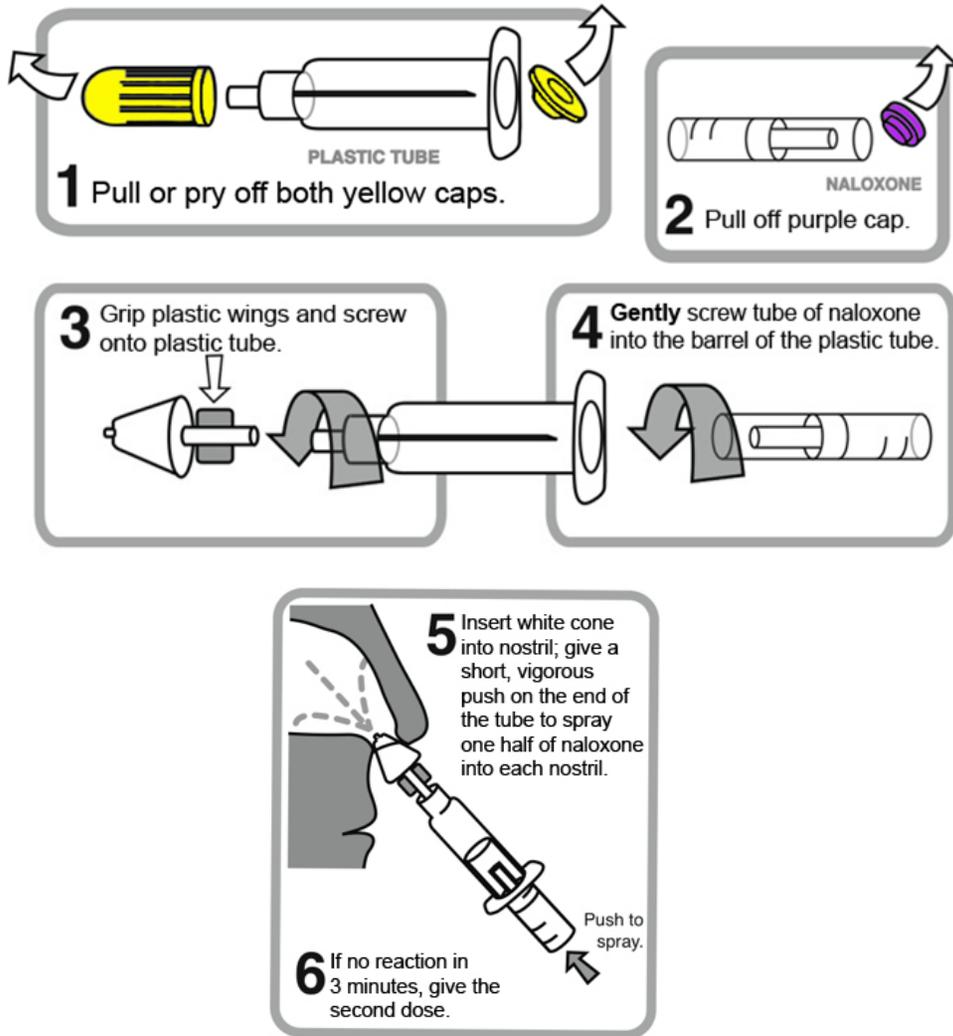
Naloxone effectively reverses the effects of opiate or opioid overdose, but has no effect on a person who has overdosed on some other substance (e.g., alcohol, cocaine, barbiturates, amphetamines). And, although naloxone has no effect on non-opiate or non-opioid overdoses, it also won't harm someone who is overdosing on a non-opiate or non-opioid.

Naloxone is effective in the human body for approximately 45 to 70 minutes after administration, meaning that a person who has received naloxone may begin breathing and regain consciousness only to relapse after the naloxone has cleared his or her system. Therefore, it is imperative that all overdose victims receive assessment and treatment by EMS.

You can obtain additional information about layperson naloxone administration online. *You Tube* has a host of instructional videos, including one developed for Maine General's Psychiatry Department www.tinyurl.com/overdosekit. The following page also includes a guide given to Maine General naloxone participants that includes instructions for setting-up and administering intra-nasal naloxone, as well as supportive measure to take while waiting for the ambulance.

Please contact Drexell White at Maine EMS by emailing drexell.r.white@maine.gov or calling 207-626-3864 should you have questions.

How to Prepare Naloxone



Evaluate and Support

- If person wakes up, withdrawal can be unpleasant. Comfort him and keep him from taking more opiate medication.
- Naloxone wears off in 30-60 minutes. You may have to continue rescue breathing if the overdose returns.
- Encourage survivors to seek treatment if they feel they have a problem (see non-emergency list).
- Refill the naloxone rescue kit at the place you originally obtained it.

Emergency Opiate Overdose Kit Instructions

This Kit contains:

- ✓ 2 naloxone (2 mg / 2 ml) in prefilled no-needle syringes
- ✓ 1 intranasal nose piece (white cone-shaped piece)
- ✓ Educational materials
- ✓ Magnet — write the location of your kit on it and stick to your refrigerator

See the training video at tinyurl.com/overdosekit

Non-Emergency Resources

Poison Control Center: 1-800-222-1222 (free and confidential)

Maine Crisis Line: 1-888-568-1112

MaineGeneral Harm Reduction: 621-3770

MaineGeneral Mental Health & Substance Abuse Services: 1-877-777-9393

MaineGeneral Harm Reduction



MEDSmart
Medication Education for Drug Safety

MaineGeneral
Medical Center



1

1 Check for signs of an overdose

- Unconscious, limp body or unresponsive
- Pale or blue lips, face or nails
- Gasping for air, gurgling, snoring or choking sounds
- Slow, raspy or no breathing
- Slow or no heartbeat
- Drowsy or nodding off
- Skin feels cold to the touch
- Pinpoint pupils



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2 Try to wake him up

Yell out his name in a loud voice.



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3 Rub chest bone

Rub your knuckles hard up and down the middle of his chest bone. If the person wakes up, try and keep him awake.



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4 Check breathing

Place your ear next to his mouth to see if you can feel or hear a breath. If there are no breath sounds or you don't think the person is breathing, call 911.



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5 Call 911

Stay calm and tell the 911 operator that the person is not breathing and/or is unresponsive. Give EMS as much info as you can.

6 Give naloxone

See instructions on back page.

Call the Poison Center at **1-800-222-1222** if you have any trouble. All calls are confidential.



6

7 Clear his mouth

If the person is not breathing, check his mouth and remove any objects such as food, chewing gum, or even vomit. Gently lay him on a hard surface on his back.



7

8 Perform rescue breathing

Tilt head back with chin up. Pinch nose closed with your fingers. Seal your lips tightly over his mouth. Gently breathe into his mouth two times in a row. Chest should rise, not stomach. Then breathe in every 5 seconds until the person starts breathing or 911 arrives.



8

9 Put him in recovery position

Once he is out of danger, place the person on his side, with legs bent and head resting on his arm on the floor. The recovery position lets fluid drain from the person's mouth so he does not choke.



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10 Stay with him/her

When 911 arrives, tell them how much naloxone you used. If you cannot stay with the person, leave the naloxone rescue kit and syringe so 911 will know that naloxone has been administered.



10