



# EMS System for Metropolitan Oklahoma City and Tulsa 2022 Medical Control Board Treatment Protocols



 EMS SECTION

Approved 9/8/21, Effective 1/17/22, replaces all prior versions

## 16GG – NALOXONE (NARCAN®)

EMERGENCY MEDICAL DISPATCHER	IN Administration via MPDS Phone Directive - 3A, 4I, 6B, 6E, 8A
EMERGENCY MEDICAL RESPONDER	IN Administration Only – 3A, 4I, 6B, 6E, 8A
EMT	IN Administration Only – 3A, 4I, 6B, 6E, 8A
EMT-INTERMEDIATE 85	IN Administration Only – 3A, 4I, 6B, 6E, 8A
ADVANCED EMT	
PARAMEDIC	

**Class:** Narcotic antagonist

**Actions/Pharmacodynamics:** The primary action of interest is reversal of respiratory depression associated with narcotic agents. Naloxone competes with and displaces narcotic substances from opiate receptors.

**Indications:**

- Respiratory Arrest (3A)
- Specific Causes of Cardiac Arrest (4I)
- Altered Mental Status (6B)
- Syncope (6E)
- Poisonings – General Management (8A)

**Contraindications:** Known or suspected narcotic substance use or abuse without cardiopulmonary compromise. Post-intubation in known or suspected narcotic substance use or abuse situations. Avoid whenever possible in known or suspected narcotic addicts. In these patients, use the smallest clinically effective dose possible (titrating administration slowly) to avoid acute narcotic withdrawal.

**Pharmacokinetics:** Onset of action within 2 minutes after IVP/IOP/IN administration with duration of effect up to 2 hours.

**Side Effects:** Agitation, anxiety, diaphoresis, tachycardia, nausea, vomiting, headache, hypertension, hypotension, seizures.



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### PROTOCOL 16GG: Naloxone (Narcan®), cont.

#### Dosage:

##### **Respiratory Arrest - Adult (3A)**

##### **Specific Causes of Cardiac Arrest - Adult (4I)**

##### **Altered Mental Status – Adult (6B)**

##### **Syncope – Adult (6E)**

##### **Poisonings – General Management – Adult (8A)**

In Apnea/Agonal Breathing, 2 mg IVP/IOP/IN.

May repeat once to maximum cumulative dose of 4 mg.

In Ineffective Breathing Activity, 0.5 mg IVP/IOP/IN.

May repeat to a maximum cumulative dose of 4 mg.

##### **Respiratory Arrest - Pediatric (3A)**

##### **Specific Causes of Cardiac Arrest - Pediatric (4I)**

##### **Altered Mental Status – Pediatric (6B)**

##### **Syncope – Pediatric (6E)**

##### **Poisonings – General Management – Pediatric (8A)**

In Apnea/Agonal Breathing, 0.5 mg IVP/IOP/IN.

May repeat to a maximum cumulative dose of 2 mg.

In Ineffective Breathing Activity, 0.5 mg IVP/IOP/IN.

May repeat to a maximum cumulative dose of 2 mg.

#### How Supplied:

0.4 mg/1 mL vial

0.4 mg/1 mL prefilled syringe

2 mg/2 mL prefilled syringe

4 mg/10 mL vial

(Always check concentration and dose per container at time of patient medication administration)

**Special Comment:** In non-respiratory arrest or non-cardiac arrest situations, always titrate administration slowly, using the lowest clinically effective amount of naloxone possible to avoid inadvertent acute narcotic withdrawal and/or other side effects.

Naloxone should not be administered unless there is a known or suspected narcotic substance use or abuse.