Policy and Procedure

Intranasal Naloxone (Narcan®) Administration

I. Policy Statement

A. This policy provides guidelines for the administration of intranasal naloxone in emergency situations where opioid overdose is suspected.

II. Scope

A. This policy covers all law enforcement officers working for the Duluth Police Department.

III. Definitions

A. Opioid: Substances occurring naturally in the body, derived from the poppy plant (opium), or synthesized to have similar effects, that work on the nervous system and are used to treat pain. These include but are not limited to the following: Morphine, heroin, hydromorphone (e.g. Dilaudid®), hydrocodone, oxycodone, oxymorphone, and fentanyl.

B. Naloxone (Narcan®): Drug synthesized to be an opioid antagonist.

IV. Signs of Opioid Toxicity

A. Slow (less than 12 breaths per minute in an adult or adolescent) or shallow breathing

B. Respiratory arrest

C. Slow heart rate or weak pulse

D. Cardiac arrest

E. Somnolence, decreased level of consciousness, or unresponsive

F. Slurred speech

G. Pinpoint pupils (some cases)

H. Cyanotic (blue, dusky), pale, or clammy skin

V. Indications for Out-of-Hospital Naloxone Administration

A. Suspected or known opioid use with evidence of respiratory compromise; this includes a respiratory rate of less than 10 breaths per minute, respiratory arrest, and/or cardiac arrest.

VI. Contraindications

A. None in this age group (all individuals greater than 12 weeks old) covered by this policy and procedure.

VII. Dose

A. Supplied as 4mg/0.1mL prefilled, single use nasal spray.

VIII. Naloxone Pharmacology

A. Naloxone is an opioid antagonist.

B. Naloxone is absorbed through nasal mucosa.
C. Onset of action following intranasal administration is approximately 2-13 minutes.
D. Duration of action is approximately 30-60 minutes.
E. May require repeat dosing since all opioid agonists have a longer duration of action than the antagonist naloxone.

IX. Procedure

A. Attempt to awaken the unresponsive individual.
B. Check airway and breathing.
C. Ensure ambulance dispatched to scene.
D. Perform rescue breathing using barrier mask.
E. Confirm indications for naloxone; these include known or suspicion of opioid use or exposure **AND** any of the following
    a. Respiratory rate less than 10 breaths per minute
    b. Inadequate, shallow breaths
    c. Cardiac arrest
F. Ensure the person's nose is relatively clear.
G. Open package with prefilled medication.
H. Place thumb on the plunger and index and long fingers on either side of the nozzle.
I. Place the nozzle tip into one nostril until fingers are against the outside of the nose.
J. Firmly push the plunger to administer the full dose of the medication into the nose.
K. Continue rescue breaths.
L. Recheck the person's breathing and level alertness in 2-3 minutes.
M. Administer a second dose of naloxone in the other nostril if the person is still breathing inadequately.
N. Patient must be transported to emergency department for further evaluation.

X. Precautions

A. Advanced Life Support (ALS) providers must be dispatched/en route to scene.
B. Naloxone may elicit opioid withdrawal leading to vomiting, shaking, and sweating.
C. Reversal of opioid toxicity, including sedating effect, may unveil the effect of other non-sedating drugs.

XI. Additional Procedures Following Transition of Care to ALS

A. Complete card enclosed in the naloxone carrying case.
B. Mail completed card to the Minnesota Department of Health.

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XII. Naloxone Kit Storage

A. Naloxone kit can be stored in cab of vehicle during a shift and should be stored inside at room temperature at the end of each shift.