



Naloxone (Narcan)

BLS Medication Protocol

Approved: Jeff Young, OMD, 10.10.2019

Reviewed: 2.21.2020

This protocol only applies to EMTs after training from a CARS-approved BLS medication administration class and does not apply to ALS providers

ALS providers cannot transfer care of a patient to a call after administering one of these medications. If one of these medications is administered with an ALS provider present, the patient must be transported by an ALS unit.

Class: Narcotic reversal agent. Opioid receptor antagonist.

Mechanism of Action: Competes with narcotic agents for opioid receptor binding sites

Indications:

- Respiratory depression secondary to suspected narcotic overdose evidenced by pinpoint pupils or presence of paraphernalia and without other causes of respiratory depression.

Contraindications:

- Hypersensitivity/allergy

Dosage/Supplied:

- 2mg/2mL pre-filled syringe (all formulations are only available in TJEMS drugbox)
- 2mg/2mL vial or ampule
- Protocol dose is 1mg per nostril for a total of 2mg. Dose may not be repeated.
- **Warning:** other formulations are possible based on supply.

Route of Administration:

- Attach Intranasal Mucosal Atomization Device (MAD) to syringe filled with 2mg of Naloxone. Insert MAD firmly into patient's nares. Administer 1mg per nostril.

Pharmacokinetics:

Intranasal: Onset: <2 minutes, Peak: 2 minutes, Half-life: 60 minutes

Side Effects

- Hypotension/hypertension
- Nausea/vomiting
- Aggression/confusion

Administration Notes:

- Secure airway and begin assisting ventilation before Naloxone administration. Oxygenating patient before Naloxone administration may reduce aggression.
- If BLS adjunct is necessary, NPA placement will block Naloxone uptake in that nares, and patient may quickly begin gagging on an OPA risking aspiration.
- Intranasal administration is equally effective to IV. Medication is absorbed through nasal capillaries, inhalation into lungs does not occur and is not necessary.