



New York State  
Department of Health  
**Bureau of Emergency Medical Services**

**POLICY STATEMENT**

*Supercedes/Updates:* **New**

**No. 13 - 10**

**Date: Dec. 10, 2013**

**Re: Intranasal  
Naloxone (Narcan®) for  
Basic Life Support EMS  
Agencies**

**Page 1 of 3**

At the October, 2013 meeting of the New York State Emergency Medical Advisory Committee (SEMAC), the administration of naloxone (Narcan®) using a mucosal atomizer device (MAD) for patients experiencing opioid overdoses was approved for use by certified Basic Life Support EMS providers in Basic Life Support (BLS) EMS agencies. The Commissioner of Health has approved the administration of intranasal naloxone as a part of the scope of practice for certified Basic Life Support EMS providers in New York State.

The purpose of this policy is to explain the process for agencies wishing to implement an intranasal naloxone program. The addition of administration of intranasal naloxone is intended to provide prompt emergency medical care to patients with symptomatic acute opioid overdoses as described in prehospital protocol.

In order to participate in the BLS intranasal naloxone program, the EMS agency must have approval from its medical director, complete the approved training program which includes watching a video, reviewing written materials and a brief supervised practice session and make notification to the local Regional Emergency Medical Advisory Committee (REMAC).

## **BLS INTRANASAL NALOXONE PROGRAM**

The SEMAC has approved an amendment to the Altered Mental Status protocol in the New York State CFR and EMT/AEMT BLS Protocols which will enable EMS agencies and certified Basic Life Support EMS providers to administer intranasal naloxone to patients experiencing an acute opioid overdose. A NYS EMS Lesson Plan Guide has been developed for use by EMS course sponsors. Additionally, the REMAC may approve training programs and determine the type and level of record keeping and quality assurance requirements for this procedure.

## **PARTICIPATION**

EMS agencies intending to participate in the intranasal naloxone program, must:

1. Notify the local REMAC in writing;
2. Utilize an intranasal naloxone kit that contains the following:
  - a. Two (2)- naloxone hydrochloride pre-filled Luer-Lock (**needleless**) syringes containing 2mg/2ml
  - b. Two (2)- mucosal atomization devices (MAD): and
  - c. One (1)- container for security/storage

Additionally EMS agencies must do the following as a minimum:

1. Develop written policies and procedures for the intranasal naloxone program that are consistent with state and local protocol. This shall include, but not be limited to the following:
  - policies and procedures for the EMS training, credentialing and continuing education;
  - documentation of credentialed users;
  - appropriate patient documentation;
  - a defined quality assurance program, including appropriateness review by the medical director;
  - policies and procedures for:
    - > inventory;
    - > storage, including environmental considerations;
    - > security; and
    - > proper disposal of medication and administration devices.
2. Perform quality assurance evaluations on each administration for the initial six (6) months of the program, or longer at the request of the medical director.
3. Provide data to the REMAC upon request.

## **CONCLUSION**

With a growing number of prehospital opioid overdoses throughout the NYS, all EMS agencies are encouraged to train their certified BLS providers in the administration of intranasal naloxone) and stock the medication and mucosal atomizer devices (MAD) on their certified EMS response vehicles. The addition of intranasal naloxone has life-saving benefits in reversing opioid overdoses in the prehospital setting. EMS providers are frequently the first to arrive at the scene of an overdose putting them in the best position to administer this time-sensitive, life-saving intervention. The use of a nasal atomizer device reduces the potential for occupational exposure to needle stick injuries. Widely available evidence exists to indicate that the medication is equally effective when administered intra-nasally and suggests no negative health outcomes.

The New York State EMS Demonstration Project concluded with the following:

- 2,035 EMTs trained;
- 223 opioid overdose reversals;
- No adverse events;
- No significant hazards to EMS personnel; and
- 10% of contacted reversals entered rehabilitation programs

## RESOURCES

- CFR/BLS Altered Mental Status Protocol (attached)
- BLS Drug Formulary – Naloxone (attached)
- NYS EMS Lesson Plan Guide
- Reversing Opioid Overdose: Training for EMS and Public Safety Personnel

Course Link: <http://hivtrainingny.org/Account/LogOn?crs=821>

This link will take you to the DOH website which hosts 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.

- *“Substance Abuse and Mental Health Administration - Opioid Overdose Prevention Toolkit .”*

<http://store.samhsa.gov/product/SMA13-4742>

Issued and Authorized by  
Lee Burns, Director - Bureau of EMS

## Altered Mental Status

---

**Note:**  
**Request Advanced Life Support if available.**  
**Do Not delay transport to the appropriate hospital.**

**Note:**  
**This protocol is for patients who are not alert (A), but who are responsive to verbal stimuli (V), responding to painful stimuli (P), or unresponsive (U).**

- I. Assess the situation for potential or actual danger. If the scene/situation is not safe, retreat to a safe location, create a safe zone and obtain additional assistance from a police agency.

**Note:**  
**Emotionally disturbed patients must be presumed to have an underlying medical or traumatic condition causing the altered mental status.**

**Note:**  
**All suicidal or violent threats or gestures must be taken seriously. These patients should be in police custody if they pose a danger to themselves or others.**  
**If the patient poses a danger to themselves and/or others, summon police for assistance.**

- II. Perform primary assessment. Assure that the patient's airway is open and that breathing and circulation are adequate. Suction as necessary
- III. Administer high concentration oxygen. In children, humidified oxygen is preferred.
- IV. Obtain and record patient's vital signs, including determining the patient's level of consciousness. Assess and monitor the Glasgow Coma Scale.
  - A. **If the patient is unresponsive (U) or responds only to painful stimuli (P), prepare for transport** while continuing care.

## Altered Mental Status, continued

**B. If the patient has a known history of diabetes controlled by medication, is conscious and is able drink without assistance, provide an oral glucose solution, fruit juice or non-diet soda by mouth, then transport, keeping the patient warm. If regionally approved to obtain blood glucose levels utilizing a glucometer, follow your regionally approved protocol.**

**C. If patient has a suspected narcotic overdose:**

- i.** Respirations less than 10/minute and signs of respiratory failure or respiratory arrest, refer to appropriate respiratory protocol.
- ii.** If regionally approved and available, obtain patient's blood glucose (BG) level.
  - 1.** If BG is less than 65, follow IV.B above.
  - 2.** If BG is more than 65, proceed to next step.
- iii.** Administer 2mg/2ml of naloxone (Narcan®) via a mucosal atomizer device (MAD).

**1. Exclusion criteria:**

- a.** Cardiopulmonary Arrest,
  - b.** Seizure activity during this incident,
  - c.** Pediatric patients,
  - d.** Therapeutic opiate use through physician prescription,
  - e.** Evidence of nasal trauma, nasal obstruction and/or epistaxis.
- 2.** Insert MAD into patient's left nostril and inject 1mg/1ml.
  - 3.** Insert MAD into patient's right nostril and inject 1mg/1ml.
  - 4.** Prepare for transport. After 5 minutes, if patient's respiratory rate is not greater than 10 breaths/minute, administer a second dose of naloxone 2mg/2ml follow the same procedure as above.

**Note:**

**Do not give solutions by mouth to patients who are unconscious or to patients with head injuries.**

- V.** If underlying medical or traumatic condition causing an altered mental status is not apparent; the patient is fully conscious, alert (A) and able to communicate; and an emotional disturbance is suspected, proceed to the Behavioral Emergencies protocol.

## **Altered Mental Status, continued**

- VI. Transport to the closest appropriate facility while re-evaluating vital signs every 5 minutes and reassess as necessary.
- VII. Record all patient care information, including the patient's medical history and all treatment provided, on a Prehospital Care Report (PCR).

# **BLS Drug Formulary**

## **NALOXONE (Narcan®)**

---

### **Class**

Synthetic opioid antagonist

---

### **Description**

Naloxone is a competitive narcotic antagonist used in the management and reversal of overdoses caused by narcotics and synthetic narcotic agents. Unlike other narcotic antagonists, which do not completely inhibit the analgesic properties of opiates, naloxone antagonizes all actions of morphine.

---

### **Onset & Duration**

Onset:            Within 2 min.  
Duration:        30-60 min.

---

### **Indications**

1. For the complete or partial reversal of CNS and respiratory depression induced by opioids:
  - a) Narcotic agonist:
    - Morphine sulfate
    - Heroin
    - Hydromorphone (Dilaudid)
    - Methadone
    - Meperidine (Demerol)
    - Paregoric
    - Fentanyl citrate (Sublimaze)
    - Oxycodone (Percodan)
    - Codeine
    - Propoxyphene (Darvon)
  - b) Narcotic agonist and antagonist
    - Butorphanol tartrate (Stadol)
    - Pentazocine (Talwin)
    - Nalbuphine (Nubain)
2. Decreased level of consciousness

## ***Naloxone continued...***

---

### **Contraindications**

1. Hypersensitivity
  2. Use with caution in narcotic-dependent patients who may experience withdrawal syndrome (including neonates of narcotic-dependent mothers)
- 

### **Adverse Reactions**

1. Tachycardia
  2. Hypertension
  3. Hypotension
  4. Cardiac dysrhythmias
  5. Seizures
  6. Nausea and vomiting
  7. Diaphoresis
- 

### **How Supplied**

2mg/2ml, prefilled syringe without needle  
Mucosal Atomizer Device (MAD) – purchased separately

---

### **Protocol – CFR and EMT**

M-2                      Altered Mental Status with Suspected Narcotic Overdose

---

### **Special Considerations**

1. Pregnancy safety: Category B
1. May not reverse hypotension
2. Caution should be exercised when administering naloxone to narcotic addicts (may precipitate withdrawal with hypertension, tachycardia, and violent behavior)