MIEMSS Optional Supplemental Protocols

Presented by: Joshua P. Young NRP
March 26, 2016
Naloxone
Optional Supplemental Program
Intra-Nasal Naloxone for BLS Providers

• Key Points as listed in the Protocols effective July 1, 2015.
Intra-Nasal Naloxone for BLS Providers

- Indications for administration
  - Patient suffering from Respiratory Depression caused by a known or suspected Opioid/Narcotic overdose.
Contraindications

- None clinically significant in Adult patients.
- Patients < 28 days old
Intra-Nasal Naloxone for BLS Providers

• Verify prior to administration that
  ✓ Naloxone is in date
  ✓ Patient meets criteria in protocol for Naloxone administration
  ✓ Should be administered and titrated so respiratory efforts return, but not intended to restore full consciousness.
• Medication supplied in Bristojet packaging 2 mg Naloxone Hydrochloride in 2 ml
Intra-Nasal Naloxone for BLS Providers

• Preparation procedure
  – Open packaging
  – Remove Glass Vial, and Bristojet device
  – Remove cap on end of glass vial
  – Remove cap on end of Bristojet device
  – Gently screw glass vial of medication on Bristojet device
Intra-Nasal Naloxone for BLS Providers

• Preparation continued
  – Attach Mucosal Atomization device to Bristojet
Intra-Nasal Naloxone for BLS Providers

• Administration Procedure
  – Place tip of mucosal atomization device in the nostril and briskly push the plunger forward, administering half of the total volume of medication (up to a MAXIMUM of 1 mL per nostril), occluding opposite nostril.
  – Repeat previous step in the other nostril, delivering the remaining half of the medication.
Intra-Nasal Naloxone for BLS Providers

• Post administration
  
  – Patient should be monitored for response to Naloxone administration.

  – Patients responding to naloxone may require additional doses and transportation to the hospital since most Opioids/Narcotics last longer than Naloxone. Mechanism of action has duration of 40 minutes.
Intra-Nasal Naloxone for BLS Providers

• Continued patient management
  – Continue supportive care during transport.

Medical consultation required for additional doses to maintain respiratory activity.