



NALOXONE FOR LAW ENFORCEMENT

History

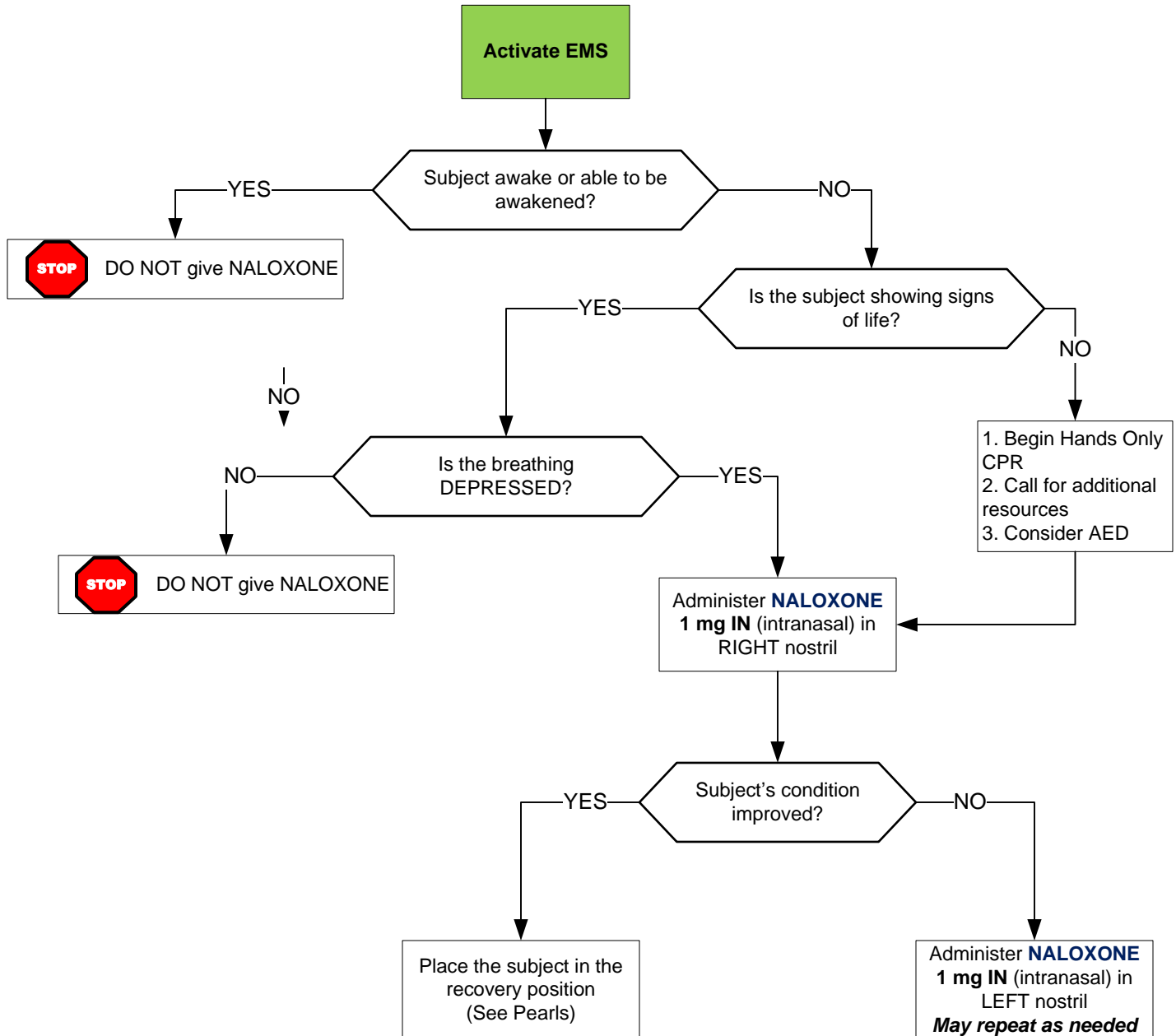
- Previous Drug History
- Paraphernalia
- Known Access to Narcotics

Signs and Symptoms

- Altered Mental Status
- Unconscious
- Depressed Breathing
- Pin Point Pupils
- Cyanotic (blue) Lips
- Pale Skin
- Track Marks

Differential

- Narcotic Overdose
- Trauma/Assault
- Mixed Overdose
- Alcohol Intoxication
- Obvious Death



Toxin-Environmental Protocol Section



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Procedure for Intranasal Naloxone Administration:

1. Confirm the correct medication, expiration date and dosage.
2. Naloxone is typically packaged 2 mg in 2 ml. (Some pre-packaged Naloxone nasal spray contains 4 mg in 0.1 ml. Be aware of concentration prior to administration).
3. Attach the MAD (Mucosal Atomizer Device) nasal atomizer to the pre-filled syringe containing Naloxone.
4. Place the atomizer approximately 1.5 cm into the patient's nostril.
5. Briskly compress the plunger of the syringe to administer half ($\frac{1}{2}$) of the medication.
6. Remove and repeat into the other nostril until all of the medication has been administered.
7. Volumes greater than 1 ml are too large and will lead to failed attempt to administer because the medication cannot be absorbed by the nasal mucosa quickly enough.
8. Monitor the subject for signs of improvement such as increased respiratory effort, improving level of consciousness, and purposeful movements.



Pearls

- Subjects may become combative after naloxone administration.
- Subjects may vomit after naloxone administration. Be prepared to quickly move subject onto their left side if signs of vomiting or signs of improvement (recovery position).
- Ensure that subject is not carrying additional medications on their person.
- The nare can only absorb 1 ml of fluid.
- Factors that may negatively impact mucosal absorption of medication may include recent use of vasoconstrictors (i.e. cocaine or Afrin), nosebleeds, nasal congestion and/or discharge.