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Executive Director

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Medical Director

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NARCOTIC OVERDOSE

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

Characterized by: respiratory depression, hypotension, decreased consciousness, coma, and pinpoint pupils. The only reasons to treat narcotic intoxication are to reverse respiratory depression and, occasionally, shock.

STANDING ORDERS

ABC's

OXYGEN:

NALOXONE:

Only if respirations less than 10 or systolic BP less than 90: 2.0 mg SQ/IM/IV/ET. May repeat once in 3 minutes SQ/IM/IV/ET if inadequate response.

IV ACCESS

Normal Saline TKO. Do not start IV if patient responds to Naloxone.

MONITOR:

Treat rhythm as appropriate.

ACTIVATED CHARCOAL:

50 gms PO for history of oral ingestion.

DIPHENHYDRAMINE:

50 mg IV push for persistent systolic BP less than 90 after Naloxone.

BASE PHYSICIAN ORDERS

RELEASE-AT-SCENE

Competent adults with normal vital signs, blood sugar, and mental status 10 minutes after ALS intervention, may be released if a cause of their condition and its solution has been identified. Refer to Refusal of EMS Service Policy 570.35.