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Executive Director  
  
SIGNATURE ON FILE IN EMS OFFICE  
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:**

Oxygen delivery as appropriate

**\*Naloxone must be administered before intubating a symptomatic narcotic overdose**

**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 ~~then~~ 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.