



CITY OF MADISON POLICE DEPARTMENT
STANDARD OPERATING PROCEDURE



Naloxone (Narcan) Protocol

Eff. Date 12/06/2017

Definition

Naloxone is a medication that acts to combat the effects of opiate drugs, primarily the depression of the respiratory system. First Responder administration is intended to restore adequate respiratory effort.

Administrators

Naloxone may be administered in the field by Madison Police Department (MPD) personnel who have received the appropriate in-house training and approval from the Medical Director of MPD.

Availability

Commissioned employees trained and approved in the administration of naloxone **shall** carry their assigned medication on their person or with their equipment (squad car, squad box, bike bag, etc.) when on duty.

Indications for Naloxone Administration

- The patient is unconscious and not responding to any verbal stimuli.
- The patient has no detectable breathing, OR has poor respiratory effort such as: agonal breaths, loud snoring respirations, occasional gasping breaths or cyanosis.
- There is evidence that the patient is suffering from an opiate overdose including but not limited to:
 - Bystanders have given information that the patient has taken or may have taken an opiate of some kind.
 - There is physical evidence of opiate use, such as drug paraphernalia or prescription bottles.
 - The patient has a known history of opiate abuse.
 - The patient has pinpoint pupils along with the respiratory depression or arrest.
 - The totality of the circumstances lead the officer to believe the patient's condition is more likely caused by an opiate overdose than not.

Contraindications for Naloxone Administration

- Patients who are conscious or semi-conscious and responding to verbal stimuli.
- Patients who are breathing normally and adequately.
- Known allergy to naloxone. (Check for medical alert bracelet.)

Administration

Naloxone shall be administered nasally or through an injection (IM or SQ), in strict accordance with naloxone training guidelines and protocol. An ambulance **shall** be requested for any person who has received naloxone from a Madison Police Officer, if not already en route.

If MFD or other advanced life support has not yet arrived on scene and the patient has not returned to a normal breathing status, subsequent doses may be administered every 1-2 minutes.

Upon their arrival, advise advanced life support personnel of the patient's original condition prior to naloxone use, the fact that naloxone was administered, the time of administration and the observed response of the patient.

Considerations

Naloxone is a short acting drug and opiates are longer acting drugs. The naloxone will leave body systems faster than the opiate, so respiratory depression may return in a short period of time. Continue to assess respiratory status until advanced life support arrives. Rescue breathing may be indicated if breathing is absent. CPR may be indicated if there is no pulse or breathing.

Naloxone can be administered to a patient of any age, however, pediatric patients should warrant closer monitoring and may need airway management and support as well as rescue breaths or even CPR should they become pulseless.

Naloxone may work rapidly and send the patient into immediate withdrawal. They may feel very sick and may become combative. Other side effects include flushing, sweating, agitation, dizziness and acute pain that may have been masked by the effects of opiates.

There have been a few documented cases of sudden pulmonary edema associated with naloxone use in a resuscitation situation. Always continue to monitor patient's airway and breathing status and be ready to begin rescue breathing and/or CPR if needed. The risk of cardiac arrest due to the respiratory depression caused by opiate use outweighs the risk of possible flash pulmonary edema.

Documentation Requirements

If naloxone is administered it shall be documented in a police report. The following information **shall** be included in the documentation:

- Who administered the dose.
- Time or estimated time that drug was administered.
- Administration route (Intranasal or IM).
- Where the drug was administered into the body.
- Condition of patient prior to administration including signs that indicated the need for naloxone.
- Condition of the patient after administration including signs that naloxone may have been effective or ineffective.
- Time or estimated time of arrival of advanced life support.
- Any complications that may have occurred.

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(Revised: 03/04/2016, 01/06/2017, 12/06/2017)