If while conducting your First Responder Protocol you find that your patient is showing signs of being exposed to an opioid, administer the following steps as urgently as possible.
(As per steps taken from FFR and EMR Naloxone administration)

1. Look for the following signs:
   - Signs of injection drug use (e.g. track marks)
   - Signs of inhalation in oral and nasal mucosa
   - Evidence of intoxication during assessment (e.g. alcohol, stimulants, depressants, other)

2. Perform an assessment for the following:
   - Level of consciousness - the person can't stay awake, walk or talk, unresponsiveness
   - Little or no response to a sternal rub
   - Pinpoint pupils or eyes rolled back
   - Body is limp
   - Slow or absent pulses
   - Slow or absent breathing (< 8 breaths per minute), snoring or gurgling
   - Low oxygen saturation (< 92% oxygen saturation on room air)
   - Skin looks pale or blue, especially nail beds and lips, feels cold
   - Vomiting

If you see the any of the above signs or symptoms:

Call EPOS physician (1 855-951-4789) to confirm clinical appropriateness of naloxone deployment. Please provide the following information:

- Who is calling? e.g. Vancouver Fire Rescue – FF Smith from VE01….etc.
- What is the response number? e.g. 12345
- Why are you calling? Suspected Opioid Overdose
- Where are you? Incident location
- What happened up to this point? (brief) Describe scene/patient
- Relevant medical history? If known

After calling the Physician and permission has been begin the administration of the naloxone injection

over......
1. **STIMULATE** the patient by talking loudly at them, **PERFORMING** a sternal rub and telling them to breathe
2. **ASSESS** and **SUCTION** the airway to clear it of vomitus or excess secretions
3. If they remain unresponsive **PLACE** an oral airway of appropriate size. Deeply unconscious patients will tolerate an oral airway
4. **BEGIN** bag valve mask ventilation with oxygen and deploy the oxygen saturation monitor
5. **CHECK** for the presence of a pulse. ......If absent **COMMENCE** CPR
6. **PREPARE** to give naloxone

Appropriate equipment should be included in your medical kits in addition to current equipment carried as outlined below:

- Naloxone (2 x 1.0 ml ampoules of 0.4 mg/mL naloxone)
- Needle and syringe sets (3 mL syringe barrel, 22G x 1 inch needle)
- Alcohol swabs
- Non sterile nitrile gloves
- Plastic ampoule breakers
- Naloxone Administration Information Form
  - Relevant medical history? *If known*

**A. Select the appropriate injection site**

**Shoulder:**
- Identify the meaty part of the lateral shoulder (the deltoid muscle)
- Injection site 2-3 fingerbreadths (2”) below the bony part of the lateral should above the level of the armpit and into central and thickest portion of deltoid muscle (the meatiest part)

**Thigh:**
- Identify the lateral quadriceps muscle (vastus lateralis)
- Identify the anterior thigh
- IM injection is into the middle third of these muscles

**B. When administering naloxone it is preferable to prepare the injection site before hand by:**

1. Open the alcohol swab
2. Wiping the injection site with the alcohol swab using some friction
3. Allow to air dry (no longer shiny wet)
C. Preparation of the medication:

**Confirm the following:**
- Medication name
- Dosage and concentration (i.e. Naloxone, 0.4 mg/ml, 1 mL ampoule)
- Expiration date
- Appearance of solution (ensure the solution is clear no cloudy appearance, abnormal colour or precipitate present)
  - Ensure your 3mL syringe and 22 Gauge needle are together and ready for you to use.
  - Keep needle capped until ready to draw up the medication.
  - Hold the Naloxone ampoule upright and tap the bottom gently to dislodge any trapped solution from the neck of the vial
- **Break the Naloxone ampoule open by:**
  a) Placing the plastic cap over the ampoule neck.
  b) Holding the ampoule base securely between your thumb and index finger of your non-dominant hand.
  c) With your dominant hand, place your thumb at the base of the plastic plunger (which should be near the scored portion of the ampoule neck) and your index finger near the top.
  d) Using your thumb push into the vial and pull toward you with your index finger (like you are snapping the neck of the vial)

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  e) Using your thumb push into the vial and pull toward you with your index finger (like you are snapping the neck of the vial)
  f) Using a syringe, insert needle into ampoule and draw plunger back until correct dosage obtained

- **Remove air bubbles from syringe by:**
  a) Holding syringe with the needle up
  b) Tap the barrel of the syringe with finger to move the bubbles to the top
  c) Pull back slightly on the plunger to make sure all of the fluid is out of the needle
  d) Gently push the plunger until you see a drop of fluid on the bevel of the needle

*over……*
D. **Administer the medication:**
   - **Needle Insertion**
     a) Hold the muscle broadly, do not pinch skin
     b) Insert the needle at a 90-degree angle into the muscle in a smooth and steady motion
   - **Medication administration**
     a) Inject the medication in a slow, steady motion into one of the large muscle groups previously identified
     b) Post-injection:
        c) Withdraw needle slowly
        d) Apply gentle pressure and bandage to injection site
        e) Immediately dispose of used needles into the sharps container
        f) **DO NOT** recap needles

E. **Document on the First Responder Report in the “Additional Treatments and/or Comments” section the administration of the medication including:**
   a) Time
   b) Name of drug
   c) Dose
   d) Route (I.M.)
   e) Site injected
   f) Patient response

F. **Complete Naloxone Administration Evaluation Form**

G. **After Administration of Naloxone ensure the following:**
   - **CONTINUE** BVM ventilation, taking care to assess for the presence of vomitus or excess secretions. If necessary **SUCTION** the airway
   - May **RE-ADMINISTER** administration of 0.4 mg naloxone after 5 minutes if little or no response to first injection. **Note** the total maximum dose is **0.8 mg of naloxone**
   - Continue to **ASSIST** ventilation and keep the airway clear of vomitus and secretions. Be prepared to roll the patient to assist in clearing the mouth of vomitus and secretions.
   - Continue to monitor and support respiratory and cardiac status until higher level of care arrives