



Naloxone Administration by Emergency Medical Technicians (EMT) and Primary Care Paramedics (PCP 2001 NOCP)

During the November 1, 2016 meeting of the Paramedic Practice Committee (PPC) a request to increase the scope of practice of the EMTs and 2001 NOCP PCPs to include the administration of naloxone to opioid overdose patients was made. This request was approved and supported by both the SCoP and the College of Physicians and Surgeons. This change will allow all practitioners in the province to administer naloxone without having to wait for additional resources.

Due to the discontinuation of these licence levels in 2019, it was decided by the College that no changes would be made to the Emergency Treatment Protocol manual. This directive allows those practitioners at the EMT and PCP 2001 NOCP levels to administer this medication. The specifics of the medication administration are that naloxone can be administered to patients presenting with the signs of narcotic overdose. The approved routes are intranasal and intramuscular.

Prior to any member utilizing this medication, they must complete training that meets the core training requirements for drug/drug therapy found on the SCoP website under [Protocol Training](#).

Any questions can be directed to Jen Williams, Director of Professional Practice & Research at jen.williams@collegeofparamedics.sk.ca.

MP6 Unconscious - Unknown Etiology

Primary survey:

- Protect airway, perform ABC's.
- Suction secretions, as needed.
- Administer oxygen.
- Maintain airway support if needed using BVM.

Secondary survey:

- Rule out hypoglycemia by obtaining a blood glucose reading. If present proceed to hypoglycemia protocol.
- Treat as indicated according to assessment findings and protocols.
- Transport patient in recovery position.

A. DOES NOT REQUIRE DIRECT MEDICAL CONTROL

- Where there is evidence of respiratory depression and other indicators of narcotic overdose, administer naloxone by either IN (intra-nasal) or IM (intramuscular) and titrate to effect.

Adult Dose:

0.4 mg – 0.8 mg IM

May repeat once.

Pediatric Dose:

0.01 mg/kg IM; if desired response is not obtained, may give 0.1 mg/kg IM once.

The IN dose for adults and pediatrics is 4.0 mg

Following a repeat dose, in adults and pediatrics, medical control should be consulted.

NOTE:

1. In unconsciousness due to trauma or unknown etiology, assume patient has a spinal cord injury
2. Prepare to handle respiratory and/or cardiac arrest
3. Prepare to handle combative, disoriented patient.
4. Prepare to handle seizures.
5. Talk to the patient, hearing is the last sense to be lost, even in coma.
6. If possible find and transport all medications with patient.
7. Look for medical identification or any other clues to etiology.
8. Do not administer anything by mouth.
9. When in a service area where ICP or an ACP practitioner is available, if the patient's condition warrants, arrange an ALS intercept.