



# OPIOID OVERDOSE MANAGEMENT: NALOXONE PROTOCOL

## PRE-ADMINISTRATION CHECKLIST

<b>INCIDENT INFORMATION</b>			
PATIENT'S NAME	CHECKLIST COMPLETED BY (PROVIDER)	INCIDENT DATE (DD / MM / YY)	TIME (24 hr)

When the listed Indications are met, Contraindications ruled out and Conditions achieved, a Qualified Provider<sup>1</sup> may administer naloxone to a patient experiencing a suspected opioid overdose.

### INDICATIONS FOR USE

- CNS DEPRESSION:** unconscious or lowered LOC, slurred speech, drowsiness; **AND / OR**
- RESPIRATORY DEPRESSION:** hypoventilation (*low volume & rate*), RR=<12, apnea; **AND / OR**
- CIRCULATORY DEPRESSION:** bradycardia, hypotension, cyanosis, pale-cool-clammy; **AND / OR**
- PUPILLARY RESPONSE:** bilaterally constricted pupils

### CONTRAINDICATIONS OF USE

1. Known hypersensitivity to naloxone
2. Bilateral nasal trauma: Alternatively administer intra-nasal naloxone under the tongue
3. Cardiopulmonary arrest unless cardiac arrest is suspected to be due to opioid overdose

### CONDITIONS OF USE (ALL CONDITIONS MUST BE ACCOMPLISHED PRIOR TO NALOXONE ADMINISTRATION)

- Completed a Primary Assessment
- Provided and maintained all necessary critical interventions
- Activated the local emergency response system and notified EMS
- Conducted a targeted Past Medical History if possible
- Obtained and recorded baseline vital signs including: LOR, RR, HR, Skin Temperature & Condition
- Ruled out contraindications
- Naloxone is to be administered as outlined in PEAK's APTP Training Manual

<sup>1</sup> Qualified Provider - an individual who has received specific PEAK training.