

OPIOID / OVERDOSE

UPDATED 4/2025

ALL PROVIDERS

- ☐ Focused history and physical exam
 - Assess blood glucose, temperature, and oxygen saturation.
 - Assess the time and circumstances of the ingestion.
 - Assess patient and scene for possible trauma and additional information on possible toxins, poisons, medications or other related concerns.
- ☐ Cardiac monitor, ETCO₂, and pulse oximetry monitoring
- ☐ 12-lead ECG, if available
- ☐ **Treatment Plan**
 - **Opioid Overdose:** Initial focus is on providing/assisting with adequate ventilation with BVM immediately.
 - Ensure patient SpO₂ is adequate (>92%) utilizing NC, NRB, or BVM prior to Naloxone administration.
 - **Dosing naloxone should be focused on restoration of adequate spontaneous ventilation, NOT restoration of full consciousness.** Excessive naloxone use can precipitate an acute withdrawal syndrome, putting both the patient and the emergency personnel at risk for injury.
 - Begin with small doses of naloxone (0.4 mg IN/IV) and titrate to adequate spontaneous ventilation.
 - Initial dose of naloxone should be given IN/IM while preparing for IV.
- ☐ **Key Considerations**
 - Transport any pill bottles, open containers, or potential chemicals that may have been ingested.
 - Transport suicide notes or other pre-ingestion communications.
 - **May contact Poison Control 1-800-222-1222**
 - With some new opiates, very large doses of naloxone may be required to restore respirations.
 - If other drugs are ingested in addition to opiates (such as alcohol or benzodiazepines), the response to naloxone may be incomplete.
 - Patients who have attempted suicide by overdose CANNOT be released and may be taken in against their will. Police may need to assist in ensuring the transport by providing “pink sheet” and assisting with patient control during transport.
 - Patients who regain consciousness and are GCS 15, should be offered ED transport, but if they refuse, they may be left on scene after Naloxone administration **IF**:
 - A second dose of Naloxone is available and/or provided to any patient and left on scene
 - There is a responsible person on scene who is not intoxicated and will care for the patient.

ADULT

PEDIATRIC

Pediatric weight based dosing should not exceed adult dosing.

EMT

- ☐ **Naloxone 0.4–2 mg** IN/IM for suspected opioid overdose. May repeat as needed to maintain adequate respirations.

EMT

- ☐ **Naloxone 0.1 mg/kg (max 2mg per dose)** IN/IM for suspected opioid overdose. May repeat as needed to maintain adequate respirations

AEMT

- ☐ Advanced airway, vascular access and fluid therapy
- ☐ **Naloxone 0.4–2 mg** (per dose) IV/IM/IO/IN for suspected narcotic overdose. May repeat as needed to maintain adequate respirations

AEMT

- ☐ Advanced airway, vascular access and fluid therapy
- ☐ **Naloxone 0.1 mg/kg (max 2mg per dose)** IV/IM/IO/IN for suspected narcotic overdose. May repeat as needed to maintain adequate respiration.

PARAMEDIC

- ☐ **Sodium bicarbonate 1 mEq/kg** slow IV/IO push **for tricyclic antidepressant overdose** with sustained HR >120 bpm, QRS >0.12, hypotension unresponsive to fluids, or ventricular dysrhythmias
- ☐ **Epinephrine Drip - 2-10 mcg/min** IV/IO infusion. Titrate to maintain a SBP of 90 mmHg or MAP of 65.
- ☐ **Push Dose Epinephrine – 2-10mcg/min** as needed to maintain a SBP of 90 mmHg or MAP of 65.
- ☐ **Norepinephrine - 1mcg/kg/min** IV/IO infusion. Titrate up to 30mcg/min to maintain a SBP of 90 mmHg or MAP of 65.

PARAMEDIC

- ☒ **Sodium bicarbonate for tricyclic antidepressant overdose: Contact OLMC**
- ☐ **Epinephrine Drip - 0.1-0.5mcg/kg/min** IV/IO for hypoperfusion. Titrate to maintain an appropriate SBP for age.
- ☐ **Push Dose Epinephrine - 1mcg/kg/min** as needed to maintain an appropriate SBP for age.
- ☐ **Norepinephrine 0.05-1 mcg/kg/min** IV/IO infusion. Titrate to maintain an appropriate SBP for age.