

New Jersey EMS Response to an Opiate Overdose Naloxone (Narcan®) Program

Updated March 26, 2015



Disclaimer

- This presentation was created to assist in the education of EMTs in Naloxone administration. This presentation is available for public use and copying/distribution is encouraged.
- It is the intent that this program may serve as the lecture based portion of a BLS Medical Director's Naloxone program. A psychomotor training component is **STRONGLY RECOMMENDED** to enhance the didactic knowledge presented.
- The staff of OEMS recognize that an individual medical director may modify this presentation to serve his/her organization's needs.
- The materials contained in this presentation are provided for general information purposes only and do not represent endorsement for any particular product or manufacturer.

New Jersey Law

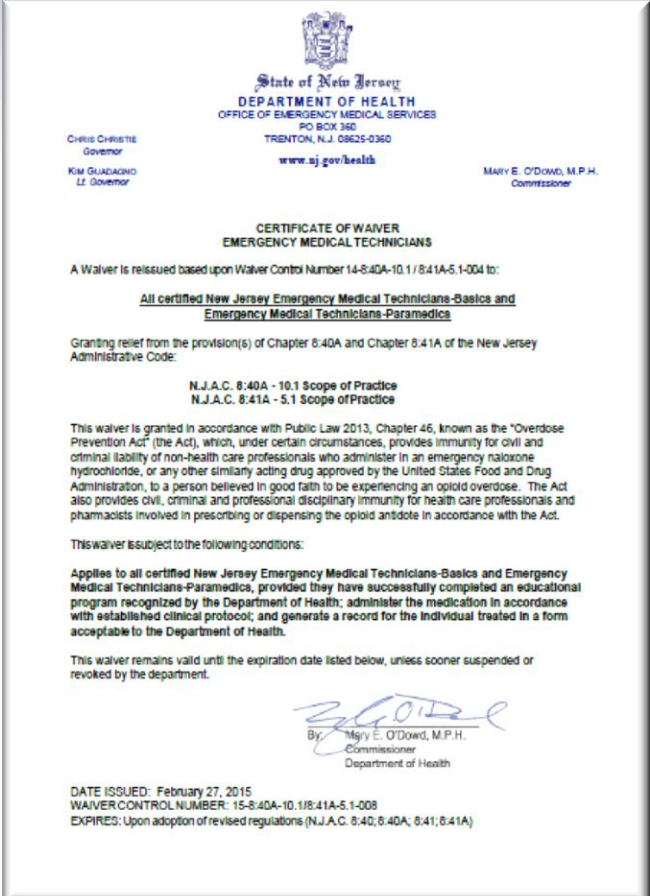
- P.L. 2013 c.46
- “Opioid Antidote and Overdose Protection Act” *(May 2013)*
- Provides immunity for witnesses and victims of overdose who activate emergency services
- Permits physicians to prescribe naloxone to “patients”, defined as someone who may be in position to assist another individual during an overdose.
 - Thus establishes a physician-patient relationship
- Also provides grant information

New Jersey Law

- Broad immunity to the prescriber and the “patient” provided.
- Prescriber required to ensure the prescribed understands:
 - Opioid overdose prevention and recognition
 - Importance of calling 911
 - Care for the overdose victim

Certificate of Waiver for EMT and Paramedic

- Applies to all certified New Jersey Emergency Medical Technicians and Paramedics.
- Need to successfully complete an educational program recognized by the Department.
- Administer the medication in accordance with established protocol.
- Generate a record for the individual treated in a form acceptable by the Department.



The image shows a formal certificate of waiver from the State of New Jersey, Department of Health, Office of Emergency Medical Services. The document is titled "CERTIFICATE OF WAIVER EMERGENCY MEDICAL TECHNICIANS" and is issued based on Waiver Control Number 14-8.40A-10.1/8.41A-5.1-004. It grants relief from the provisions of Chapter 8.40A and Chapter 8.41A of the New Jersey Administrative Code, specifically N.J.A.C. 8.40A - 10.1 Scope of Practice and N.J.A.C. 8.41A - 5.1 Scope of Practice. The waiver is granted in accordance with Public Law 2013, Chapter 46, known as the "Overdose Prevention Act". The certificate is signed by Mary E. O'Dowd, M.P.H., Commissioner of the Department of Health, and is dated February 27, 2015. The waiver remains valid until the expiration date listed below, unless sooner suspended or revoked by the department.

State of New Jersey
DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
PO BOX 360
TRENTON, N.J. 08625-0360
www.nj.gov/health

CHRIS CHRISTIE
Governor
KIM GUADAGNINO
Lt. Governor

MARY E. O'DOWD, M.P.H.
Commissioner

CERTIFICATE OF WAIVER
EMERGENCY MEDICAL TECHNICIANS

A Waiver is reissued based upon Waiver Control Number 14-8.40A-10.1/8.41A-5.1-004 to:

All certified New Jersey Emergency Medical Technicians-Basics and
Emergency Medical Technicians-Paramedics

Granting relief from the provision(s) of Chapter 8.40A and Chapter 8.41A of the New Jersey
Administrative Code:


N.J.A.C. 8.40A - 10.1 Scope of Practice
N.J.A.C. 8.41A - 5.1 Scope of Practice

This waiver is granted in accordance with Public Law 2013, Chapter 46, known as the "Overdose
Prevention Act" (the Act), which, under certain circumstances, provides immunity for civil and
criminal liability of non-health care professionals who administer in an emergency naloxone
hydrochloride, or any other similarly acting drug approved by the United States Food and Drug
Administration, to a person believed in good faith to be experiencing an opioid overdose. The Act
also provides civil, criminal and professional disciplinary immunity for health care professionals and
pharmacists involved in prescribing or dispensing the opioid antidote in accordance with the Act.

This waiver is subject to the following conditions:

Applies to all certified New Jersey Emergency Medical Technicians-Basics and Emergency
Medical Technicians-Paramedics, provided they have successfully completed an educational
program recognized by the Department of Health; administer the medication in accordance
with established clinical protocol; and generate a record for the individual treated in a form
acceptable to the Department of Health.

This waiver remains valid until the expiration date listed below, unless sooner suspended or
revoked by the department.

By: 
Mary E. O'Dowd, M.P.H.
Commissioner
Department of Health

DATE ISSUED: February 27, 2015
WAIVER CONTROL NUMBER: 15-8.40A-10.1/8.41A-5.1-008
EXPIRES: Upon adoption of revised regulations (N.J.A.C. 8.40; 8.40A; 8.41; 8.41A)

Opioids

- Substances that reduce pain
 - Perception of pain is reduced
 - Pain tolerance is increased
- Chemical substance that binds to receptors in the brain and central nervous system
- Natural substance – opium plant
- Numerous synthetic chemicals that do the same
- Used in pain management
 - A cornerstone of modern medicine
 - Sometimes all we can offer patients

Common Opioids

- Heroin
- Codeine (Tylenol #3)
- Morphine (Kadian, Avinza)
- Fentanyl (Actiq, Duragesic, Fentora)
- Hydrocodone (Vicodin, Lortab, Vicoprofen)
- Oxycodone (Percocet, Oxycontin)
- Hydromorphone (Dilaudid)
- Methadone
- Meperidine (Demerol)
- Tramadol (Ultram, Ultracet)
- Buprenorphine (Buprenex, Suboxone, Subutex)

Opioids

- Studies show addiction may increase when the patient has pain
- Tolerance and chemical dependence can occur
- In many areas, prescription narcotics are just as likely, if not more likely, to be the cause of overdose
 - Purer
 - 'Safer' to get
 - 'Easier' to get

Frequently Prescribed Combination Opioid Medications

- Lorcet®, Lortab®, Norco®, Vicodan®: Hydrocodone + acetaminophen
- Percocet®: Oxycodone + acetaminophen
- Percodan®: Oxycodone + aspirin

Illegal opioids

- Opium
- Heroin

Routes of Administration of Opioids by Laypersons

- Oral
- Transcutaneous
- Intravenous
- Subcutaneous (“skin popping” during the abuse of opioids)

Opioid Overdose

Overdose

- Too much of the medication
- Typical:
 - ***Unconscious***
 - ***Slow or no respirations***
 - ***Pinpoint pupils (miosis)***
- Hypoxia (from no breathing) can take 2-4 minutes.

Signs and Symptoms of an Opioid Overdose

- Miosis (pinpoint pupils)
- Decreased/Change mental status
- Respiratory depression or Arrest
 - Hypoxia (from no breathing) can take 2-4 minutes.
- Decreased intestinal motility

Risk Factors with Opioid Overdose

- Hypoxia
- Hypercarbia
- Aspiration
- Cardiopulmonary arrest

The incidence of risk factors increases when other substances such as alcohol, benzodiazepines, or other medications have also been taken by the patient

Naloxone (Narcan®)

- Medication used to reverse the effects of opioids (i.e. respiratory depression)
- In New Jersey, typically carried by Paramedics

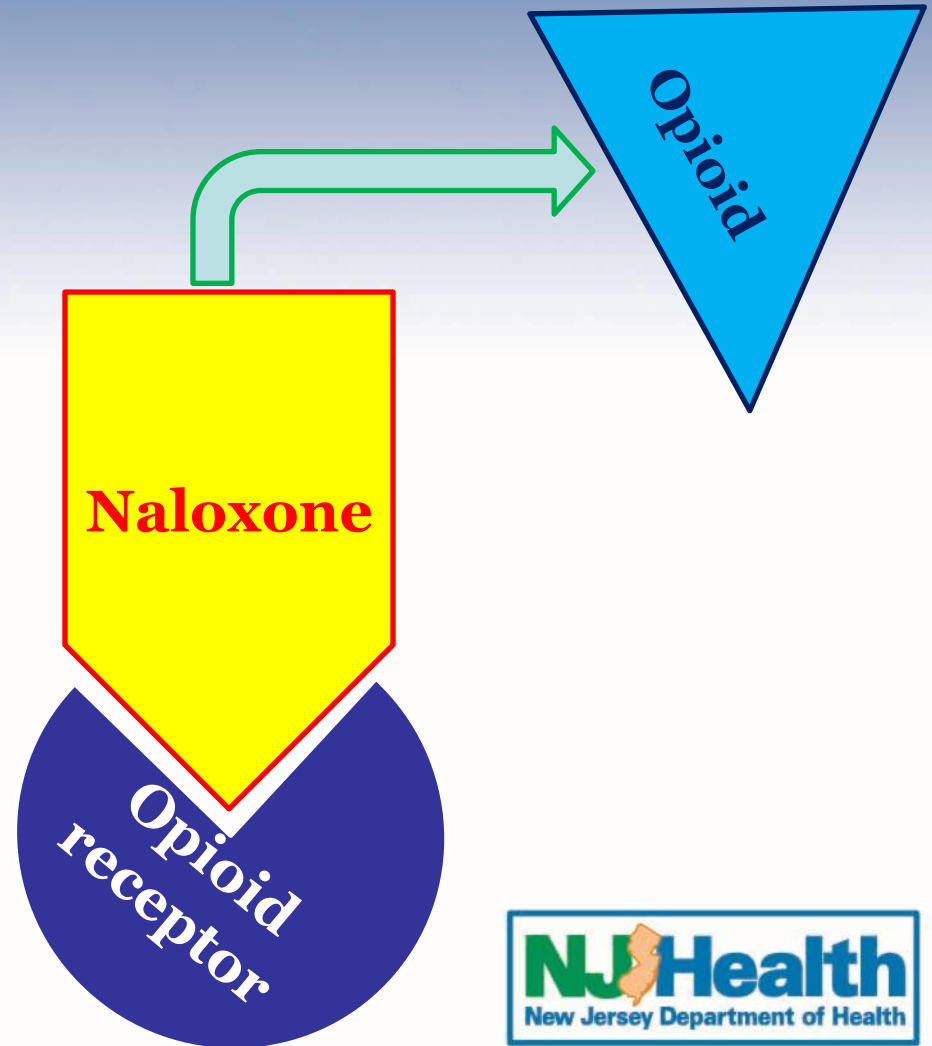


Naloxone (Narcan®)

- Developed in the 1960s
- Opioid antagonist
- Emergency overdose treatment in the prehospital and hospital settings
- Increased demand for naloxone
 - Greater variety of available opioids
 - Increased opioid use and abuse

Physiology of Naloxone (Narcan®)

- Naloxone displaces the opioid from the opioid receptor in the nervous system
- Duration of Action:
30-90 minutes



Physiology of Naloxone (Narcan®)

This may result in the sudden onset of the signs and symptoms of opioid withdrawal



- Agitation/Combative
- Tachycardia
- Pulmonary edema
- Nausea
- Vomiting
- Seizures

Additional Adverse Effects

- Cardiac arrest/Ventricular fibrillation
- Dyspnea
- Abdominal cramps
- Diarrhea
- Diaphoresis
- Increased blood pressure
- Tremulousness

The adverse effects following naloxone administration, particularly in chronic opioid users and abusers, may place the patient, emergency personnel and bystanders at risk.

Routes of Administration of Naloxone (Narcan®)

- Intranasal (IN)
- Intramuscular (IM)
- Intravenous (IV)
- Endotracheal

EMTs may *only* administer naloxone via intranasal or intramuscular via auto-injector!

Naloxone (Narcan®)

- The half-life of naloxone is relatively brief (*as short as 30 minutes*)
- All patients who receive naloxone must be monitored closely for recurrent symptoms such as:
 - altered mental status
 - respiratory depression
 - circulatory compromise

Some purer Opioid can “outlast” initial Narcan® dose

Naloxone (Narcan®)

- Minimal effect if no opioids are in the body
- Most common route for first responders is intranasal (IN):
 - Safer to use than other routes
 - Limited blood borne exposure
 - Medication is absorbed through a number of blood vessels right below the skin

Benefits of Intranasal or Intramuscular Route for Naloxone (Narcan®) Administration

- Equivalent clinical efficacy compared to intravenous naloxone
- Intravenous access may be impossible to establish in chronic intravenous drug abusers

Naloxone (Narcan®) Storage

- Keep out of light and temperature extremes
 - Store at “room temperature”
 - ❑ **Check Package**
 - ❑ **Check Expiration Date**
 - ❑ **Check color in syringe or injector**
- Protect package
- Keep in locked medication storage (*similar to Epinephrine auto injector*)



Safety Considerations

Prior to the administration of naloxone by all EMS providers, all patients should initially receive the appropriate medical interventions:



- ***Airway***
- ***Breathing***
- ***Circulation***

Patient Assessment

- Scene Size-up and primary assessment
- Assess and secure airway utilizing an OPA. If a gag reflex is present utilize an NPA, if indicated, **after** Naloxone administration
- **Administer 100% oxygen** using a BVM device at 15 liters/minute
- Suction as needed

Patient Assessment continued

- Ensure ALS has been requested
- If the patient has no pulse, begin CPR with use of an AED.
- Obtain baseline vitals and obtain a SAMPLE history
- Conduct a secondary assessment

Response to an Opiate Overdose

Survival from drug related cardiac arrest is rare, therefore, it is important to monitor ABCs.



Considerations to a Response to an Opiate Overdose

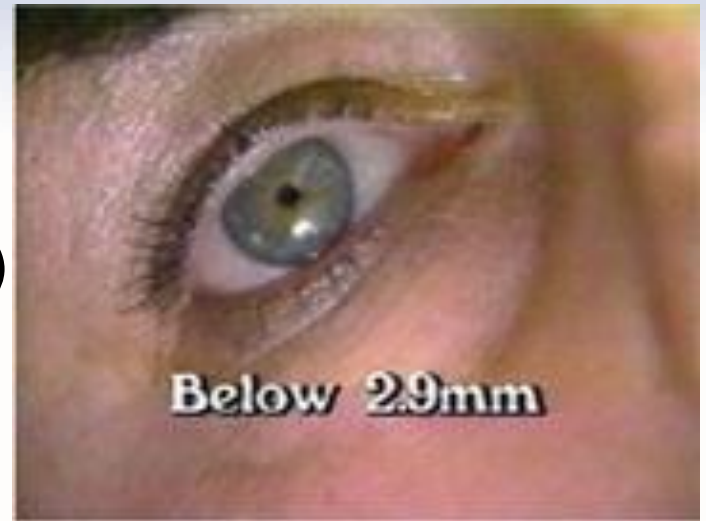
- Is it an overdose or something else (hypoglycemia, head injury, shock, stroke)?
- Is it an overdose **AND** something else?
 - **Cardiac Arrest**
 - Can still give naloxone, but likely will not help
 - **OD on other substances that will not respond to naloxone**
 - Alcohol
 - Benzodiazepines (Valium, Xanax, Ativan)
 - Other sedatives
 - **Medical Condition**
 - Low blood sugar
 - Infection
 - Stroke

Response to an Opiate Overdose

Look for the Signs...

Overdose on opioids typically:

- Unconscious
- Slow or no breathing (<10/min)
- Small “pinpoint” pupils (miosis)
- Pulse variable



Contraindications for Naloxone (Narcan®) Use

- Medication has expired
- Known hypersensitivity or allergy
- The medication is discolored or particulate is noted, where appropriate
- There is no age restriction, but for patients under 5 years old on-line consultation with medical control and/or Medical Director protocol is required.
- The patient has met the maximum prescribed dose per the NJDOH Protocol
 - Any deviation during patient care must be under the direction of medical command (i.e., NJPIES, Medical Director or the ED receiving facility).

Cautions for Naloxone (Narcan®) Use

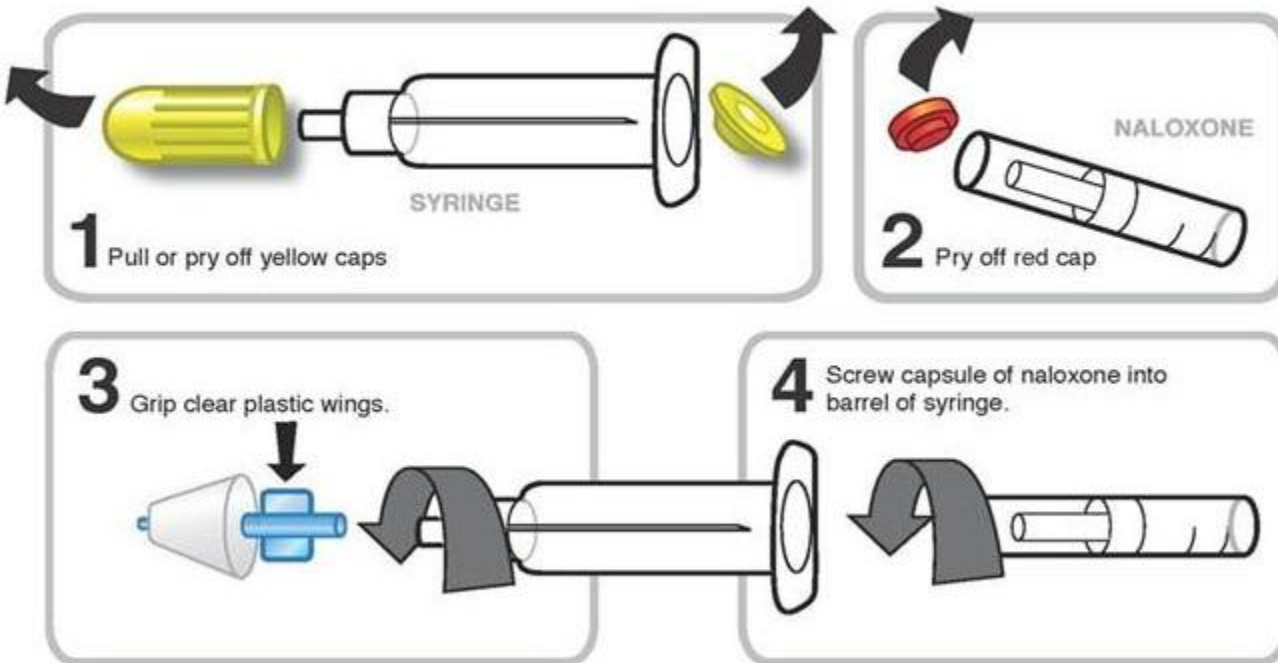
Use with Caution:

- Patients with History of SVT or other arrhythmias
- Patients with known cardiac disease
- Patients with possible head injury or brain tumor
- Poly-substance overdose



Intranasal Administration Technique

HOW TO GIVE NASAL SPRAY NARCAN



Intranasal Administration Technique

- The tip of the syringe should be placed near or just inside the nostril
- Placement of the syringe too far inside the nasal cavity may traumatize the nasal passages or cause epistaxis



Dosage for Intranasal Administration

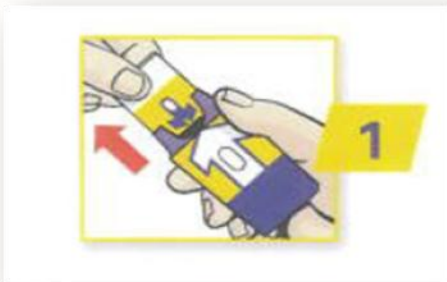
- Vial has 2mg of naloxone in 2mL
- Give 1mg (1ml) in each nostril, quickly
- Medication is atomized and absorbed through vessels in the nasal cavity



Intramuscular Administration Technique

1. Remove auto injector from outer case.
2. Pull off the safety guard.
3. Place the auto injector firmly against the outer thigh, through clothing, if needed.
- 4: Continue to press firmly and hold in place for 5 seconds.

***** Note: All agencies should follow manufacturer guidelines where appropriate and in coordination with their Medical Director.***



Dosage for Intramuscular Administration

- The auto injector administers 0.4 mg (0.4 mL) dose of naloxone into the muscle.
- The auto injector will have a retractable needle that the user will not see before, during, or after an injection.
- The auto injector may include voice prompts to assist with administration.
- The auto injector should be disposed of immediately after use in a sharps container.

Precautions with Naloxone (Narcan®) – What to Expect

The administration of naloxone may result in the rapid onset of the signs and symptoms of opioid withdrawal:



- Agitation (combative)
- Tachycardia
- Pulmonary edema
- Nausea
- Vomiting
- Seizures

Response to an Opiate Overdose

- After administration, repeat primary and secondary assessments
- Monitor the patient's response
- Be prepared to suction the airway
- Provide supportive care as appropriate:
 - **Airway**
 - **Breathing** (*Be prepared to support respirations*)
 - **Circulation**

Documentation and Reporting

Documenting the use of Naloxone (Narcan®) shall be completed via the following steps:

- Providers are required to complete a patient care report.
- In addition to the agency's patient care report; providers **are required** to complete the brief Department web-based **Naloxone (Narcan®) Reporting form**.
- Both forms must be completed within 24 hours of medication administration.

Documentation and Reporting

To access the brief Department web-based Naloxone (Narcan®) Reporting form:

- ❑ Log on to: <http://www.state.nj.us/health/ems/>
- ❑ Click on the “**Naloxone (Narcan®) Program**” grey tab located on the left side of the page
- ❑ Select “**Medication Administration Report**” and click on the link to access the report
- ❑ Complete the entire registration form and hit submit. (*You are not able to save the form and return later*)
- ❑ You will receive a confirmation number once you have completed and submitted the form



http://www.state.nj.us/health/ems/



STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

GOVERNOR CHRIS CHRISTIE • LT. GOVERNOR KIM GUADAGNO

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- NJ Poison Information and Education System
- NJ Medical Reserve Corps./ ESAR-VHP
- Licensing and Enforcement

Important Information:

Attention all Visitors to OEMS:

Due to increased security, ALL visitors to the Office of Emergency Medical Services MUST have a scheduled appointment with OEMS staff. No "walk-ins" will be permitted. Visitors must have a valid government photo ID with them to present to security upon entering the building. Thank you for your anticipated cooperation.

Security Alert:

Be Alert for Individuals Seeking Information About Emergency Response Agencies
[Specific information Available here](#) [pdf 83k]

Help NJ EMS Program

Connecting those who have lost so much with the kindness of others...

So many NJ EMS agencies have lost equipment, vehicles and buildings to Super Storm Sandy. As these agencies continue to rebuild, we are fortunate that so many have offered kind and inspirational words, while others have offered donations of equipment and supplies. If you like to volunteer or make a donation please go to www.ready.nj.gov or visit [the National Donations Management Network](#).

- [FCC Narrow-banding Mandate Deadline](#) [pdf 558k]
- [Questions and Answers regarding Narrow-banding Mandate](#)
- [Universal Transport Form Questions and Answers](#) [pdf 839k] **NEW**



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OFFICE OF EMERGENCY MEDICAL SERVICES

Spotlight

- [Basic Drug Recognition for Police, Fire & EMS July 8, 2014, Sayreville, New Jersey](#) **NEW**
- [Human Trafficking Red Flags for Emergency Responders](#)
- [Hurricane Sandy Responder Support](#) [pdf 2m] **NEW**
- [Statewide Incident Rehab. Guidelines for Emergency Responders](#)
- [New Public Law regarding First Responders use and/or taking photographs in the field](#) [pdf 10k] **NEW**
- [E.V.E.N.T. - National EMS Voluntary Event Notification Tool](#)

Documentation and Reporting

Dispatch Information

* **EMT ID Number of person filling out this report**
Alpha-numeric

* **Agency Name**
Alpha-numeric

* **Dispatch/Call Number** ⓘ
Alpha-numeric

* **Date/Time of Call**

Address of Call

* **- Street Address**
Alpha-numeric

* **- City**
Alpha-numeric

* **- County**
Select one ▼

- Zip Code
Alpha-numeric

* **Patient's Age (approximate if unknown)** ⓘ
Numeric

* **Patient's Sex**
Select one ▼

* **Patient's Race**
Select one ▼

Patient Assessment

* **Patient Presentation** ⓘ
 Unconscious
 Unresponsive
 Shallow Breathing
 Not Breathing
 Cyanosis
 Weak Pulse
 No Pulse
 Other

If Other, please specify:
Alpha-numeric

* **History of Present Illness**
Alpha-numeric

Drug Stamp (if present) ⓘ
Alpha-numeric

* **Suspected Overdose Cause**
Select one ▼

Narcan Medication Administration

* **Dose Administered in mg.** ⓘ
Numeric

* **Patient Response** ⓘ
 Alert and oriented
 Alert but confused
 Combative
 No Response to Narcan
 Vomiting
 Other

If Other, please specify:
Alpha-numeric

* **Patient Disposition**
Select one ▼

* **Narcan Administered by** ⓘ
Name
Alpha-numeric

EMT ID #
Alpha-numeric

Documentation and Reporting

For agencies utilizing a NEMESIS Gold Compliant ePCR:

Contact your system administrator for proper documentation for medication administration.

Medication		Dose	
<input type="text" value="Naloxone"/>	<input type="text" value="2"/>	<input type="text" value="MG"/>	
Route: <input type="text" value="IN"/>	Concentration: <input type="text"/>		L

Registration with the Department

All Agencies are required to be registered with the Department prior to implementation of the program

- Any authorized agency representative may register their agency
- Please make sure to have the following information available before beginning the registration process (you will not be able to save and return to the form later):
 - Agency demographic information**
 - Agency contact demographic information**
 - Medical Command Physician demographic information**



Registration with the Department

To register an agency for the Naloxone (Narcan®) Program:

- Log onto <http://www.state.nj.us/health/ems>
- Click on the “**Naloxone (Narcan®) Program**” grey tab located on the left side of the page
- Select “**Agency Registration**” and click on the link to access registration.
- Complete the entire registration form and hit submit
- You will receive a confirmation number once you have completed and submitted the form

Summary

- BLS Agency must register with the Department via <http://www.state.nj.us/health/ems/>
- BLS Agency must have a Medical Director
- BLS Agency must abide by the NJDOH protocol
- Training is mandatory
- BLS Agency must report the administration within 24 hours

Summary

- The medical director retains the authority to limit or prohibit the administration of intranasal naloxone.
- The administration of naloxone by the endotracheal or intravenous routes is ***prohibited*** for EMTs.



Questions



For questions regarding Naloxone program, please contact the Office of EMS at (609) 633-7777



Acknowledgements

The Department would like to thank the
below for their contributions to the
creation of the educational materials
provided:

Kenneth Lavelle, MD

Ohio Emergency Medical Services

