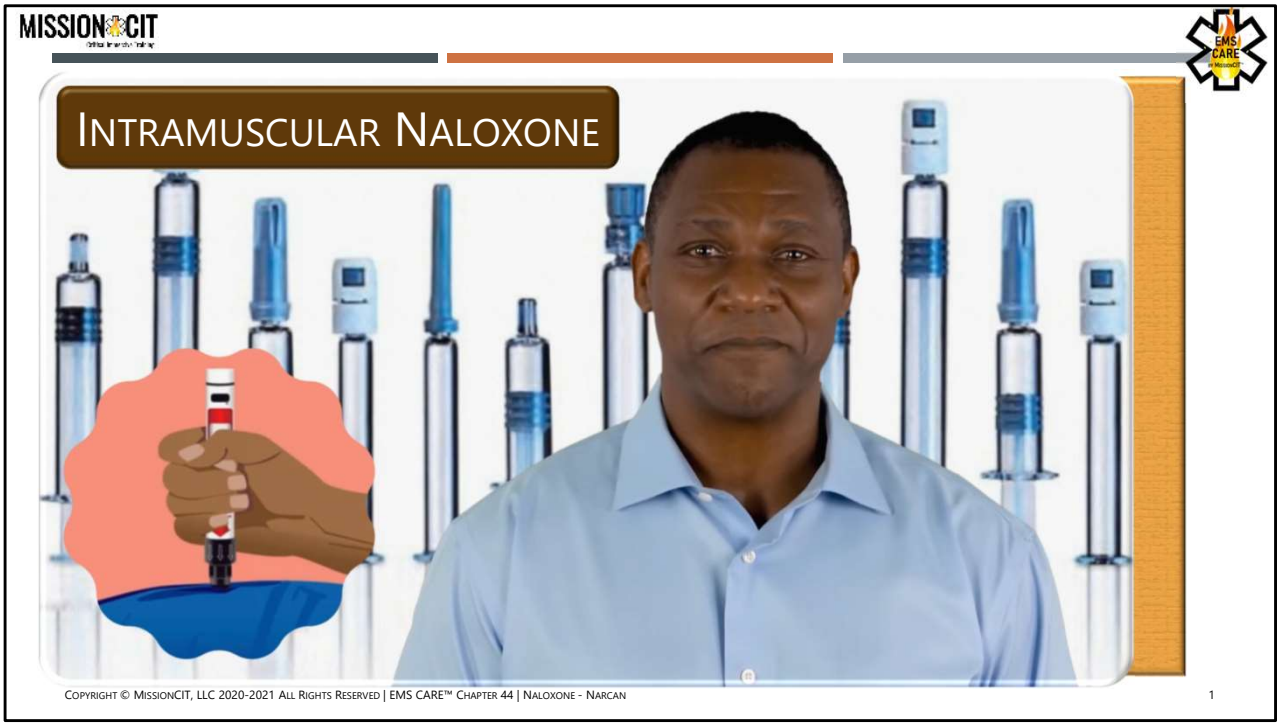



Thank you Missah!

Naloxone can also be administered via the intramuscular route. Let us see the procedure, ventilation details, avoiding tunnel vision, and possible adverse reactions.

So,let’s get started.

## Why Intramuscular Route?

- Reliable
- Consistent
- Simple
- Fast
- Requires no special learning




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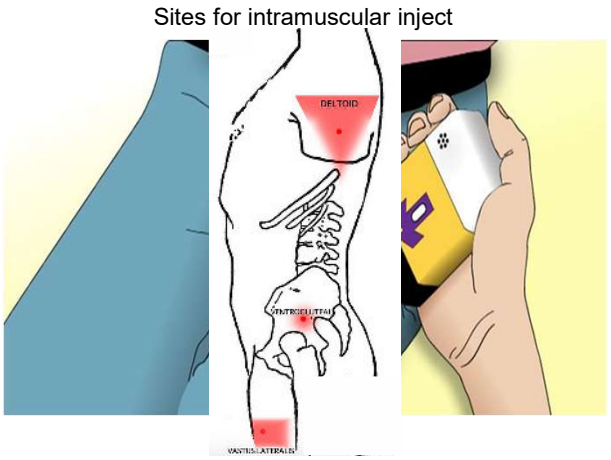
The intramuscular route is a good choice for administering Naloxone.

It is a reliable route to deliver medications consistently. Also, it is simple to administer, and is fast.

It is relatively similar to other autoinjectors from an EMT standpoint, as no specialized training is required.

## How to Administer?

- Ventilate the patient
- Pull Naloxone auto-injector from the case
- Grasp firmly and pull the red safety guard
- Place the black end in the patient's outer thigh
- Press firmly for five seconds
- Dispose in a sharps container




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Next, let's see how you must administer Naloxone through the intramuscular route.

First off, ventilate the patient. Next, pull the Naloxone auto-injector from the case. The device will automatically provide voice-prompted guidance. For some reason, if you don't hear the prompts, don't worry as the auto-injector will still work.

Now, grasp firmly and pull off the red safety guard. Look for the black end and place it against the patient's outer thigh. Press firmly in the same spot for five seconds. And

that’s it!

Now, safely remove the auto-injector and dispose of it in a sharps container, and continue to ventilate the patient.

## Providing Ventilation

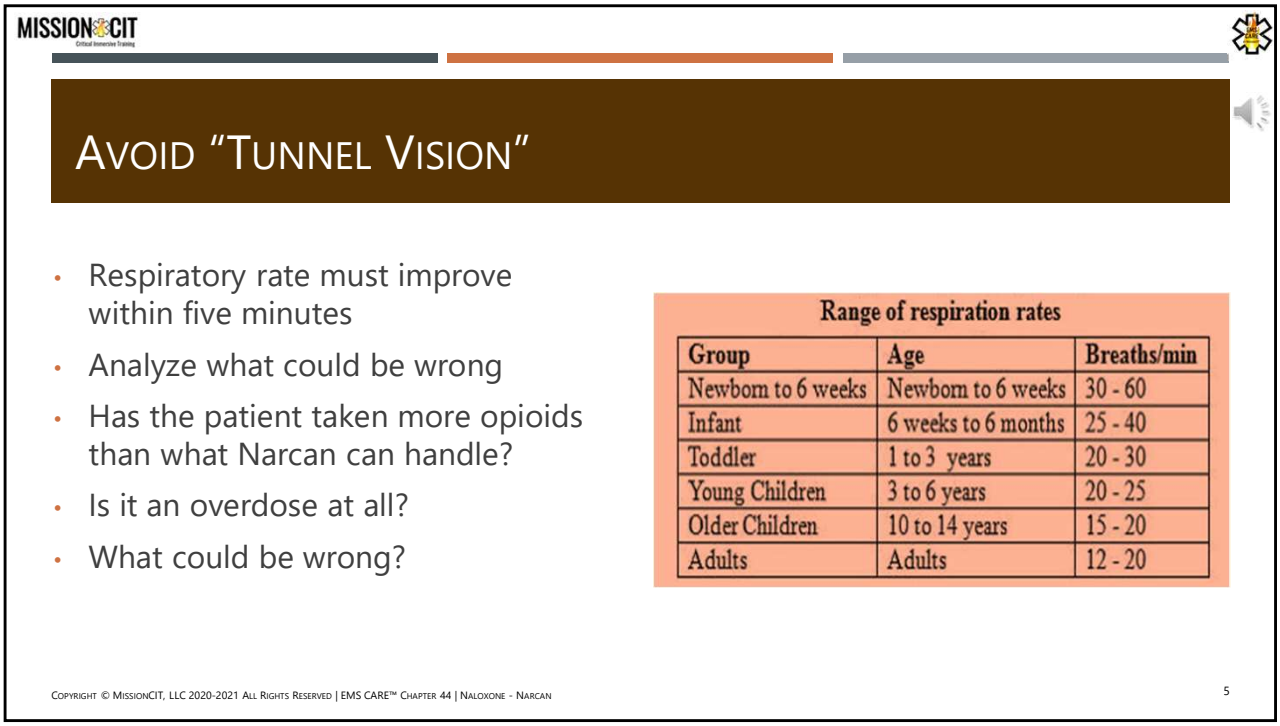
- Continue to ventilate the patient
- Don't get too distracted with drug administration
- Do continuous pulse checks for a strong carotid pulse
- If not, begin CPR starting with compressions



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A critical reminder! Continue to ventilate the patient as needed, and don't get too distracted with the drug administration, as ventilation is critical for the patient's well-being. Ensure that the patient maintains a strong carotid pulse, by performing continuous pulse checks. If the patient no longer has a strong carotid pulse, begin C P R starting with compressions




Now, check for the respiratory rate after about five minutes after administering Narcan. You should see improvement in breaths per minute.

If there is no respiratory improvement, now focus on what could be possibly wrong.

The first possibility is that the patient has taken way more opioids than Naloxone can overcome. And it's also possible that this is not an opioid overdose. If the latter, think about what else could be the cause and act accordingly. If nothing works, be sure to call medical

control or Advanced Life Support for help.

## Adverse Reactions

- Withdrawal symptoms
- Agitation, irritability, restlessness, nervousness, and violent behavior possible
- Protect yourself and your partner
- Nausea and vomiting
- Keep airways clear. Suction the patient as needed




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There is a possibility for adverse reactions after you administer Naloxone through the intramuscular route. So, use caution while administering medication to narcotic-dependent patients as the withdrawal symptoms can make their behavior unpredictable. Agitation, irritability, restlessness, nervousness, and violent behavior are possible, so make sure to protect yourself and your partner.

Also, it can cause nausea and vomiting. Through it all, keep the airways clear and suction the patient if needed.

With this, we come to the end of this lesson, and in the

next one, Missah will talk about the role of an EMT in the event of an opioid overdose.