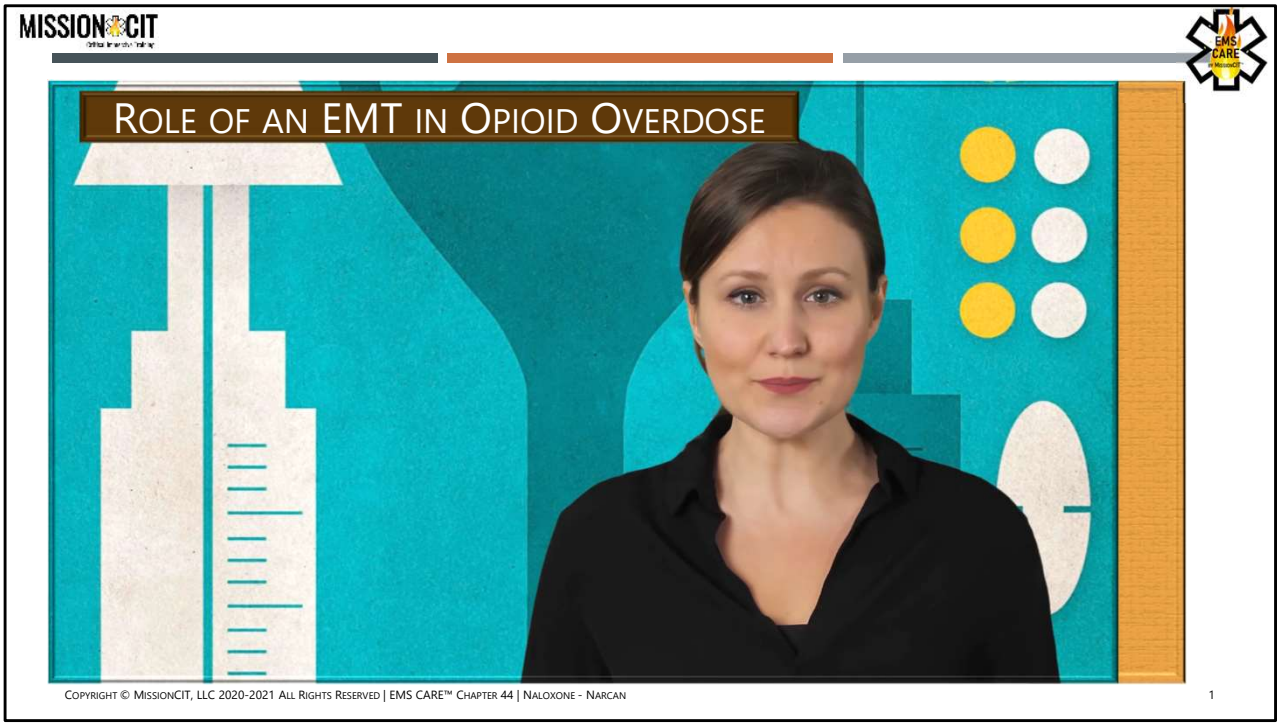
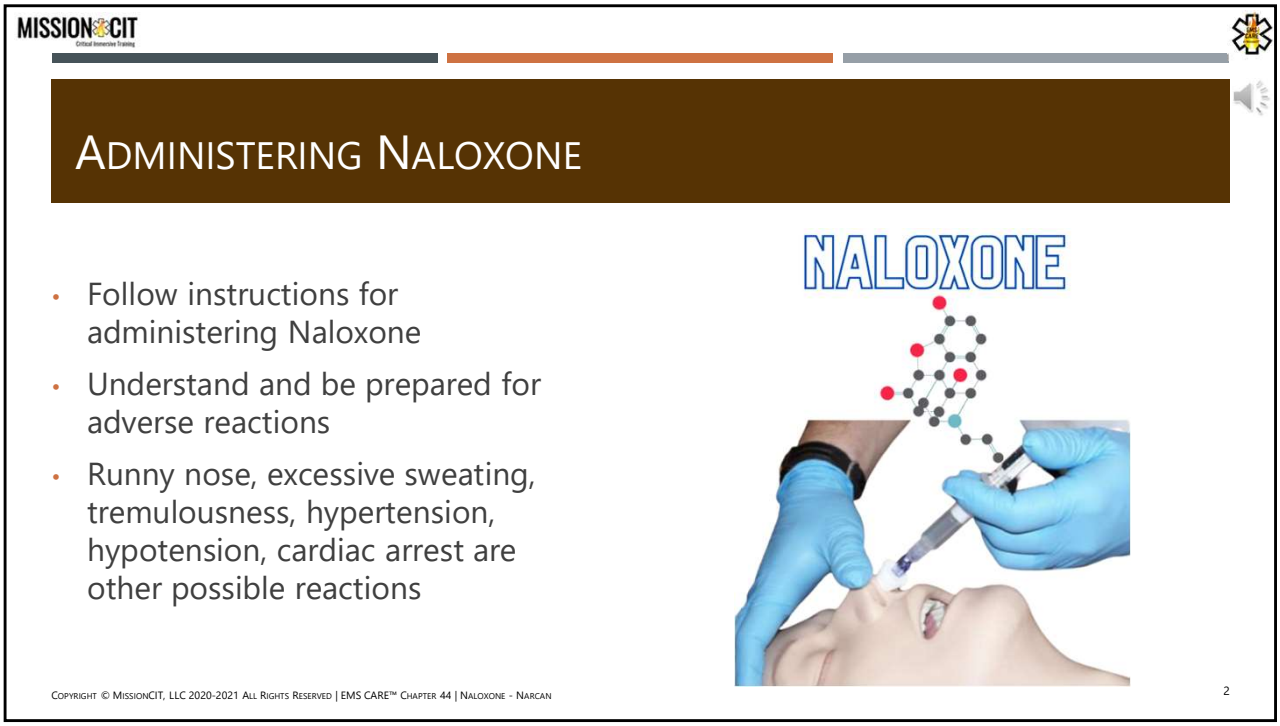


Thank you Justin.

In this last lesson, we will briefly look at the role of an EMT during an opioid overdose, transportation aspects and documentation. We also provide a handout and a brief slide on Fentanyl for your review.

Good Studying.



As an EMT, your primary role is to administer Naloxone when you suspect that a patient has an opioid overdose.

Follow the instructions for administering them, and more importantly, be prepared for adverse reactions. Besides opiate withdrawal symptoms, some of the other possible reactions include runny nose, excessive sweating, tremulousness, hypertension, hypotension, epistaxis, and even possible cardiac disturbances, including cardiac arrest.

MISSION CIT

EMERGENCY TRANSPORT

- If not responding, call ALS
- If exhibiting violent behavior, call law enforcement
- Effect will subside in two hours
- Decide emergency transport



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Another critical decision you have to make is regarding transportation.

If a patient is suffering from respiratory distress and is not responding to Naloxone, call for A L S right away.

On the other hand, if the patient is exhibiting violent behavior, reach out to law enforcement.

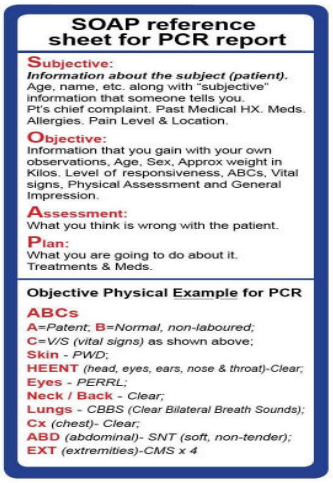
Even after you administer Narcan, the patient may need hospital care as the effects of Narcan subside after about two hours.

Keep all these aspects in mind and, depending on the situation, decide on emergency transport.

MISSIONCIT

DOCUMENTATION

- Document everything extensively
- Talk to bystander and family members
- Every little information helps



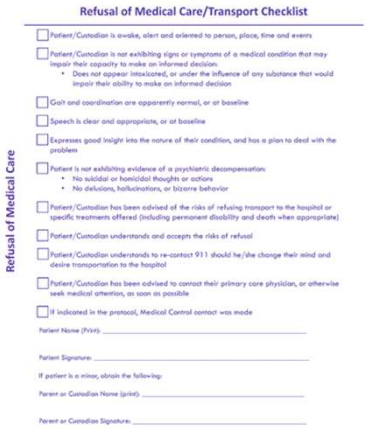
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Documentation is an integral part of your role, so make sure you document everything as extensively and thoroughly as possible. Talk to bystanders and family members if you have to, as all of it can come in handy to provide the most appropriate care for the patient.

Patient Refusal

- Gently explain the need for medical attention to the patient
- Convince as much as you can
- Get the Refusal of care signed



Refusal of Medical Care/Transport Checklist

Refusal of Medical Care

- ☐ Patient/Custodian is awake, alert and oriented to person, place, time and events
- ☐ Patient/Custodian is not exhibiting signs or symptoms of a medical condition that may impair their capacity to make an informed decision:
  - Does not appear intoxicated, or under the influence of any substance that would impair their ability to make an informed decision
- ☐ Gait and coordination are apparently normal, or at baseline
- ☐ Speech is clear and appropriate, or at baseline
- ☐ Expresses good insight into the nature of their condition, and has a plan to deal with the problem
- ☐ Patient is not exhibiting evidence of a psychiatric decompensation:
  - No suicidal or homicidal thoughts or actions
  - No delusions, hallucinations, or bizarre behavior
- ☐ Patient/Custodian has been advised of the risks of refusing transport to the hospital or specific treatments offered (including permanent disability and death when appropriate)
- ☐ Patient/Custodian understands and accepts the risks of refusal
- ☐ Patient/Custodian understands to re-contact 911 should he/she change their mind and desire transportation to the hospital
- ☐ Patient/Custodian has been advised to contact their primary care physician, or otherwise seek medical attention, as soon as possible
- ☐ If indicated in the protocol, Medical Control contact was made

Patient Name (Print): _____

Patient Signature: _____

If patient is a minor, obtain the following:

Parent or Custodian Name (print): _____

Parent or Custodian Signature: _____

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If the patient refuses care, gently talk to the patient to explain the importance of getting to the hospital. Try as much as you can to convince the patient, but if nothing works, make sure you get the refusal of care signed by the patient, provided the patient is in the right mind to understand the consequences of refusing care.

A Note About Fentanyl

- Synthetic Opioid – often mixed with heroin and cocaine
- Naloxone is effective
- May be present in powder, tablets, capsules, solutions and rocks
- **If you suspect the presence of Fentanyl – be sure to wear PPE**
- Read the handout!



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According to the CDC, Pharmaceutical fentanyl is a synthetic opioid pain reliever, approved for treating severe pain, typically advanced cancer pain. It is 50 to 100 times more potent than morphine. It is prescribed in the form of transdermal patches or lozenges. However, it can be diverted for misuse and abuse in the United States.

Rates of overdose deaths involving synthetic opioids other than Methadone, which includes Fentanyl, increased 10% from 2017 to 2018. Over 31,000 people died from overdoses involving synthetic opioids (other

than Methadone) in 2018.

However, most recent fentanyl-related harm, overdose, and death in the U.S. are linked to illegally made Fentanyl. It is sold through illegal drug markets for its heroin-like effect. It is often mixed with heroin or cocaine as a combination product. This may occur with or without the user's knowledge—to increase its euphoric effects.

Notably, Naloxone is a safe and effective antidote to opioid-related overdoses, including Heroin and Fentanyl. Follow the procedures we have already discussed. And please be sure to download the handout on Fentanyl found in this lesson.

Now, we have come to the end of this chapter, and Justin will take you through the chapter review.