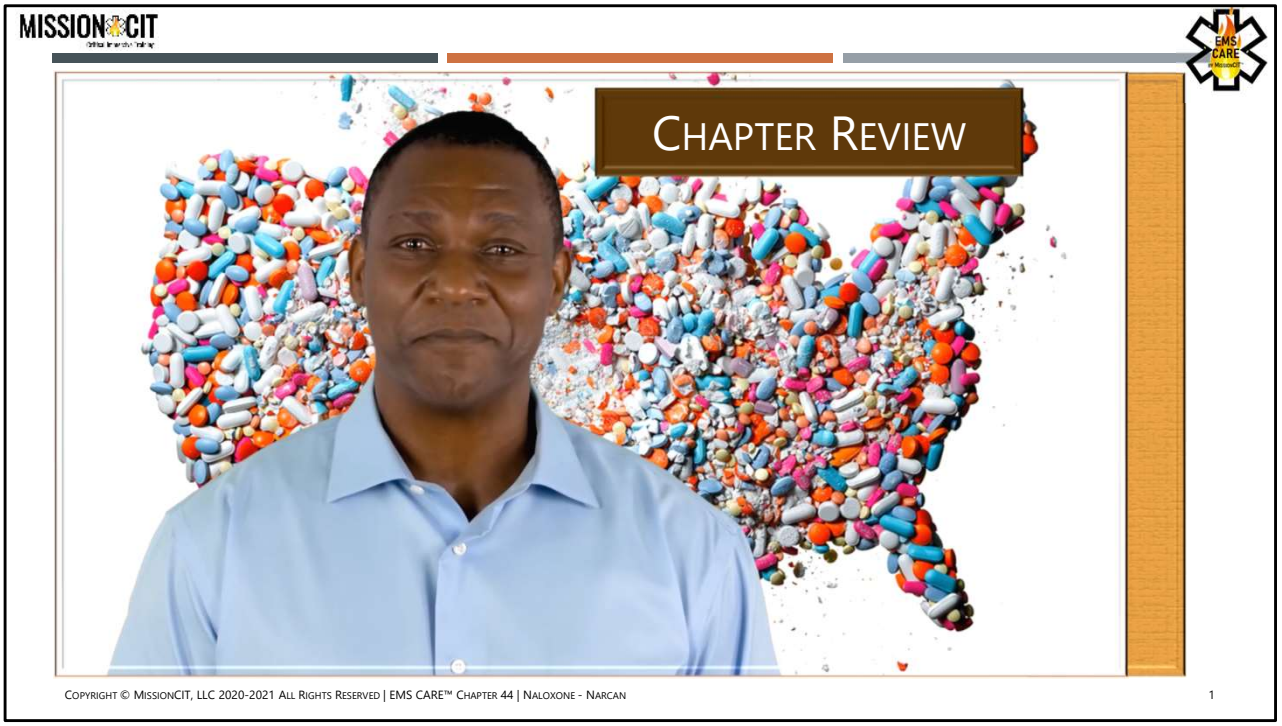


Thank you Missah!

Welcome to the review section of the chapter Naloxone. Here I will recap on the vital points of each lesson. Please note that a 15 question quiz, follows this review.

Good Studying.

MISSION CIT

CHAPTER REVIEW | LESSON 1

- Opioids are derived from opium plant and can be produced synthetically
- Acts on central nervous system to decrease pain
- Overdose causes euphoria or a high
- Repeated use leads to structural changes in the brain
- Causes an average 72,000 deaths each year in the U.S



COPYRIGHT © MISSIONCIT, LLC 2020-2021 ALL RIGHTS RESERVED | EMS CARE™ CHAPTER 44 | NALOXONE - NARCAN

2

In the first lesson, we talked about what opioids are. These are substances derived from the opium plant, and they can also be produced synthetically. These substances act on the central nervous system and decrease the perception of pain. This is also why it is used extensively for pain management.

On the flip side, they can also be overdoses to get a euphoria or a high. What essentially happens in an overdose is that these opioids cause people to stop breathing, resulting in death.

These substances bind themselves to the opioid

receptors present in neurons that are distributed throughout the body. Over time, repeated use leads to structural changes in the brain such that even normal functioning requires high doses of these medications.

This opioid overdose is more common than you think, as it accounts for 72 thousand deaths each year in the United States alone.

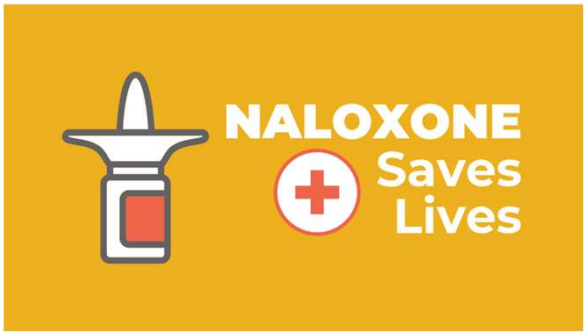
Now that you know the gravity of the problem, here are some signs and symptoms you must look out for to identify an opioid overdose.

- Respiratory depression,
- Drowsiness,
- Itching,
- Nausea and vomiting,
- Dry mouth,
- Confusion,
- Miosis or constricted pupils,
- And Constipation.

MISSION CIT

CHAPTER REVIEW | LESSON 2

- Naloxone is the most common opioid antagonist
- Safe to use and doesn't give a high
- No significant contraindications and no pharmacological effect if no opioid overdose
- Follow local protocols for dosage, though 4.0mg through auto-injector and 1.0ml per nostril intranasally is acceptable



COPYRIGHT © MISSIONCIT, LLC 2020-2021 ALL RIGHTS RESERVED | EMS CARE™ CHAPTER 44 | NALOXONE - NARCAN

3

There are many ways to treat an opioid overdose, but the most common and well-known option is administering Naloxone. This is an opioid antagonist that reverses the effects caused by opioid overdose. Naloxone must be given promptly if a patient is exhibiting respiratory distress.

It is extremely safe to use and does not give a high to patients. There are no significant contraindications associated with Naloxone administration. Some exhibit hypersensitivity to naloxone. Also, there is no pharmacological impact if the patient has not overdosed

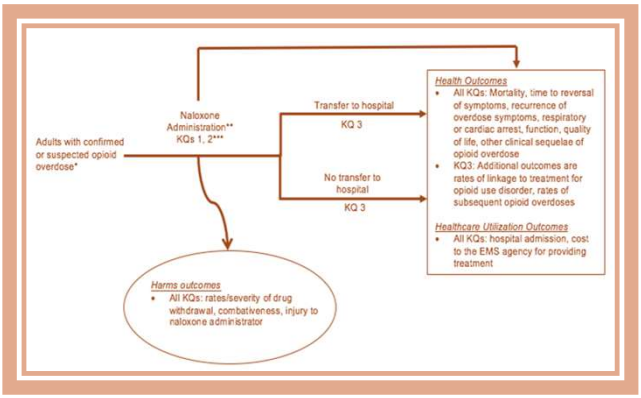
on opioids.

Follow the local guidelines for dosage. It is 4mg through autoinjector and 2mg if you administer intranasally, with 1mg in each nostril.

While administering Naloxone, keep in mind that the patient may experience withdrawal symptoms. And remember that the effects last for only two hours at the most, so this is not a permanent cure. Rather, it can provide relief until you get the patient to the hospital.

Chapter Review | Lesson 3

- Ensure scene safety
- Look for empty bottles and syringes
- Eight rights of administration
- Monitor patient for absence of pulse. Be prepared to begin CPR
- Continue ventilation
- Decide emergency transport
- Document



Copyright © MissionCIT, LLC 2020-2021 All Rights Reserved | EMS CARE™ Chapter 44 | Naloxone - Narcan

4

While administering Naloxone, make sure you assess the scene to ensure your safety. Simultaneously, look around for empty bottles and syringes that can give you an idea of what the patient may have injected or inhaled. Specifically, check if more than one medicine was used.

Once you decide that this is a case of opioid overdose and if the patient is exhibiting respiratory distress, administer Naloxone. Remember the eight rights where you have to check if you are administering the right drug at the right dose for the right reason to the right patient at the right time through the right route. See if the

patient is exhibiting the right response, and make sure you include everything in the documentation.

Finally, continue to monitor the patience for the absence of a pulse. Be prepared to begin CPR starting with compressions.

Finally, decide on emergency transport based upon the conditions and patient response.

MISSION CIT

CHAPTER REVIEW | LESSON 4

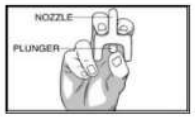
- Intranasal is preferred because no needle, painless, and rapid
- Follow the procedure for administration

Step 1. Lay the person on their back to receive a dose of NARCAN Nasal Spray.

Step 2. Remove NARCAN Nasal Spray from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.



Step 3. Hold the NARCAN Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



Step 4. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril** until your fingers on either side of the nozzle are against the bottom of the person's nose.



COPYRIGHT © MISSIONCIT, LLC 2020-2021 ALL RIGHTS RESERVED | EMS CARE™ CHAPTER 44 | NALOXONE - NARCAN

5

In this lesson we dealt with intranasal naloxone.

This is the preferred route in many cases, because it minimizes the risk for bloodborne pathogens exposure as no needle is involved. Also it can be administered painlessly, and rapidly through an atomizer.

To administer, you need one Luer-Jet needle-free syringe, one ampule of Naloxone, and one atomizer. Once you have gathered all the items, remove the caps from both ends of the Luer-jet needle-free syringe.

Next, remove the red cap from the Naloxone vial. And

screw the open end of the vial into the syringe. Remember, it will become difficult to turn when it is sufficiently threaded, so that's your clue.

Finally, attach the nasal optimizer to the opposite end. Place the atomizer inside one nostril carefully, occluding the other nostril.

Aim slightly upwards and towards the ear on the same side as that of the nostril

Briskly compress the syringe to administer half the dosage, typically one milligram.

Next, repeat the same in the other nostril.

Continue to ventilate the patient with BVM.

The onset of action is anywhere from 3 to 5 minutes, and the peak effect occurs between 12 to 20 minutes.

Chapter Review | Lesson 5

- Intramuscular route is reliable, simple, and no learning required
- Remove the auto-injector. Look for the black end and place it against the patient's outer thigh
- Press firmly in the same spot for five seconds



Copyright © MissionCIT, LLC 2020-2021 All Rights Reserved | EMS CARE™ Chapter 44 | Naloxone - Narcan

In lesson 5, we discussed the intramuscular route for administering Naloxone. This 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, so no specialized learning is required.

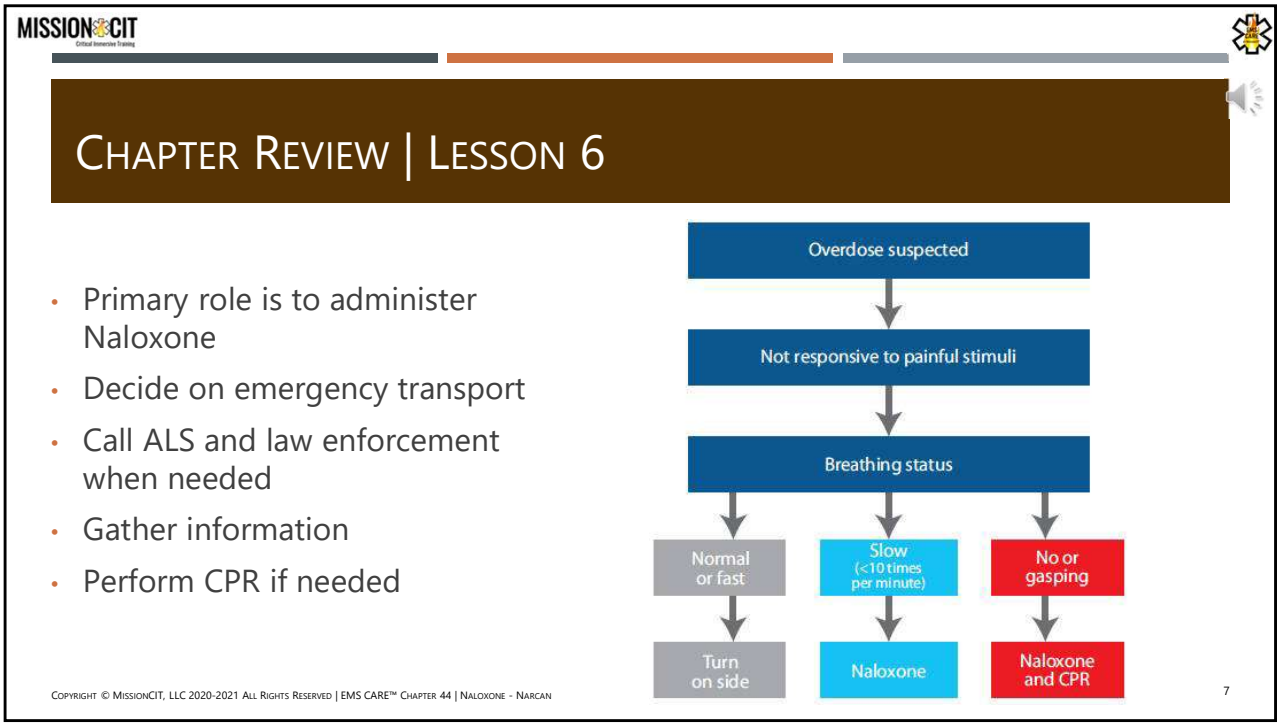
First off, ventilate the patient. Next, pull the Naloxone autoinjector from the case. The device will automatically provide voice-prompted guidance.

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 autoinjector, dispose of it in a sharps container, and continue ventilating the patient.

Check for the respiratory rate after about five minutes after administering Narcan. This must improve. If it doesn't, think about what else could be the cause and act accordingly. If nothing works, call Advanced Life Support for help.



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

Then, if a patient is suffering from respiratory distress and is not responding to Naloxone, call for ALS right away as the condition may not be opioid-related. Similarly, if the opioid patient's respiratory distress is not improving after the administration of Naloxone, call for help as this may be due to poly-substance abuse.

On the other hand, if the patient is exhibiting violent

behavior, reach out to law enforcement.

Another critical decision you have to make is regarding transportation. Hence, if the patient refuses care, gently talk to the patient to explain the importance of getting to the hospital. 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.

Remember, documentation is an integral part of your role, so make sure you document everything as extensively as possible. Talk to bystanders and family members as needed

With this, we have come to the end of the chapter review. Please proceed to take the quiz now.

Good Testing