

Intranasal Narcan for Law Enforcement



Objectives

- Identify common causative agents
- Identify pertinent assessment findings before and after administration
- Recognize need for personal safety equipment and scene awareness
- Profile of naloxone including:
 1. Indications
 2. Contraindications
 3. Side/adverse effects
 4. Administration
 5. Dosages
 6. Mechanisms of drug action
 7. Medical asepsis
 8. Disposal of contaminated items and sharps

Common Causative Agents



Most commonly used opioids

- Heroin
- Codeine
- Demerol
- Morphine
- Darvocet
- Fentanyl
- Dilaudid
- Methadone
- Opium
- Hydrocodone
- Oxycodone
- Levorphanol
- Vicodin
- OxyContin
- Tylenol 3
- Tylox
- Percocet
- Percodan



Things to know about Narcan

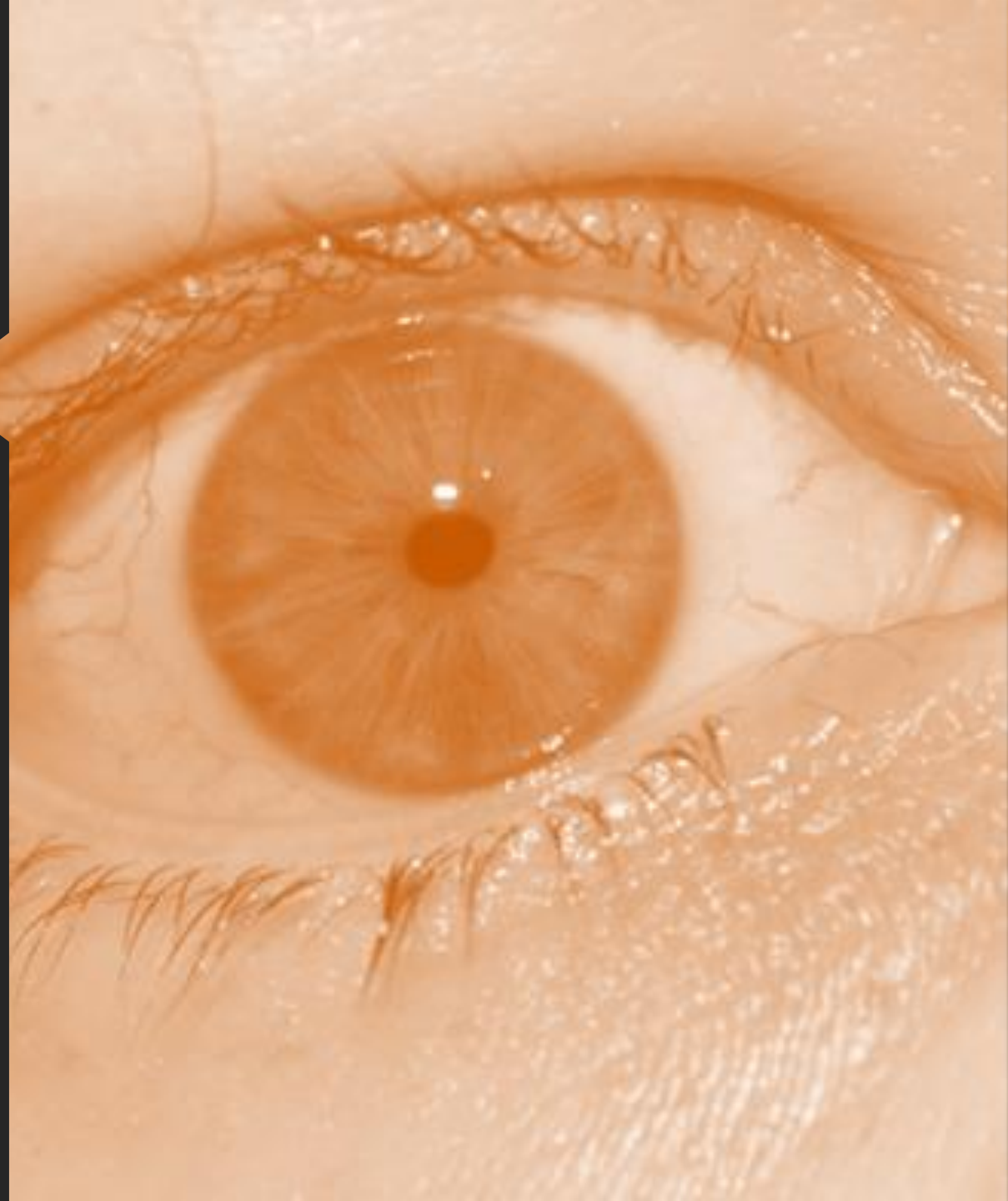
- ⦿ Narcan does NOT reverse ODs caused by **non-opioid drugs**, such as cocaine, benzodiazepines (e.g., Xanax, Klonopin and Valium), methamphetamines, or alcohol.
- ⦿ Narcan administered to a person dependent on opioids **may produce withdrawal symptoms**.
- ⦿ **Withdrawal**, although uncomfortable, **is not usually life-threatening**

Things to know about Narcan

- **Strongly recommended that anyone receiving Narcan be transported to the hospital by EMS**
 - **With some long-lasting opioids, Narcan may wear off before the opioids, causing the person to lose consciousness again**
- **Highly recommended to use officer judgement to restrain individual**

Signs & Symptoms that heighten concern

- Noticeable elation/euphoria.
- Marked sedation/drowsiness.
- Confusion.
- Intermittent nodding off, or loss of consciousness.
- If sufficiently severe, hypertension and pupillary dilation may be present because of CNS hypoxia
- Constipation.



Signs of Serious Opioid Overdose

- ⦿ Breathing slow and shallow (less than 10 breaths per minute which equals 1 breath every 6 seconds) or has stopped
- ⦿ Blue or grayish lips and fingernails
- ⦿ Skin may turn gray, blue
- ⦿ An overall blue or grayish appearance
- ⦿ Pulse (heartbeat) is slow, erratic, or not present
- ⦿ Constricted Pupils



Constricted Pupil

- Look for pupils $< 3\text{mm}$
- 1mm = about the width of the side of a dime



Signs of Opioid Overdose

By themselves, most
previously listed signs are
not reason enough to
administer Narcan

Must be a reason to
suspect opioid overdose in
conjunction with the signs
listed

Narcan indicated only
when opioid OD suspected,
AND the victim is
unconscious

Reasons to suspect opioid overdose

- When informed by the dispatcher that a given person appears to be suffering an opioid overdose
- Opioid drugs found on scene
- Opioid drug paraphernalia found on scene (needles, syringes, chore boy, a burnt or charred spoon)
- Witnesses state victim was taking some sort of opioid prior to OD
- Known heroin user location



**Paraphernalia
commonly
found on
scene of
overdose**



Considerations responding to Overdose



- **Scene safety is your #1 priority**
 - *Stay aware of surroundings* during victim evaluation, setup, and administration of Narcan especially if by yourself
 - You may lose tactical advantage quickly due to most victims being on the ground and in close quarters with awkward access to the victim and difficult egress from the victim etc.
 - You will generally be in a crouched or kneeling position with your hands full if an outside influence engages you, or your victim turns violent during the treatment
 - If alone, request backup prior to administration of Narcan due to potential for violence from victim. OD victims *do not react the same*, the unpredictable nature of the victims requires intense situational awareness at all times



Personal Safety

- Body substance isolation with use of personal protective equipment
- Be aware that IV drug users may be carrying unsafe sharps
- Narcotic patches may transfer medication to your skin if exposed for an extended period of time
 - Heat and moisture also increase transfer
- Exercise caution while engaged in physical contact

Naloxone

NALOXONE (Narcan)

ACTION: Narcotic Antagonist

- Antagonizes effects of opiate narcotic agents by competing at the receptor site resulting in reversal of respiratory depression associated with opiate overdoses.

INDICATIONS:

- Altered Mental Status in the presence of suspected narcotic overdose, or coma of unknown etiology.

CONTRAINDICATIONS:

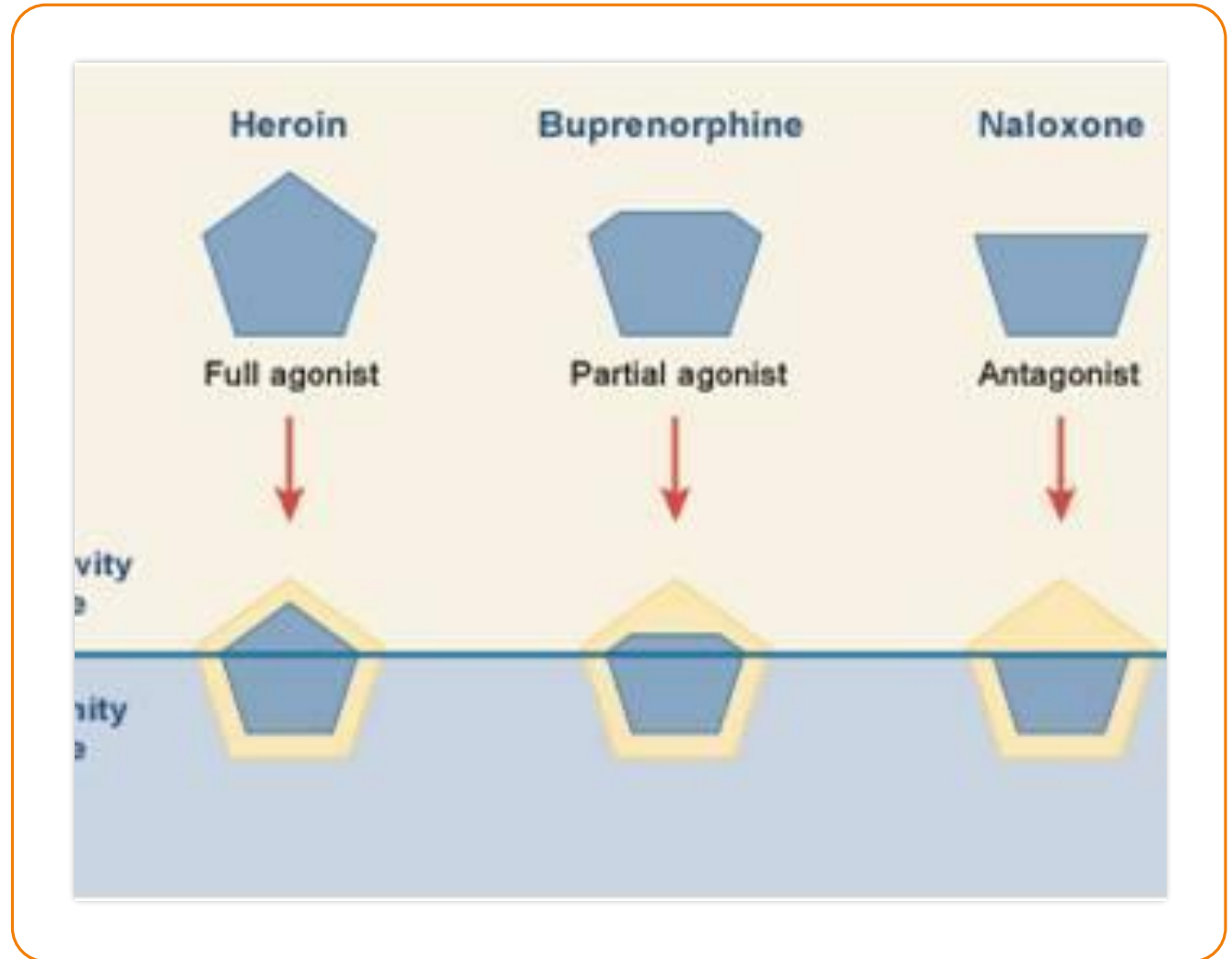
- Patients with hypersensitivity to the drug.
- Neonate in the setting of opiate dependence.

POTENTIAL SIDE EFFECTS:

- Rapid administration can cause projectile vomiting.
- Patients may become agitated or violent after drug is administered.
- May precipitate withdrawal in chronic narcotic users.

Naloxone: Action

- Drugs that block or reduce the action of another drug are called **antagonists**.
- Naloxone is a opioid antagonist
- “Antagonizes effects of opiate narcotic agents by competing at the receptor site resulting in reversal of respiratory depression associated with opiate overdoses.”
- Half-life of Narcan is shorter than opiates and symptoms can recur.



Side Effects

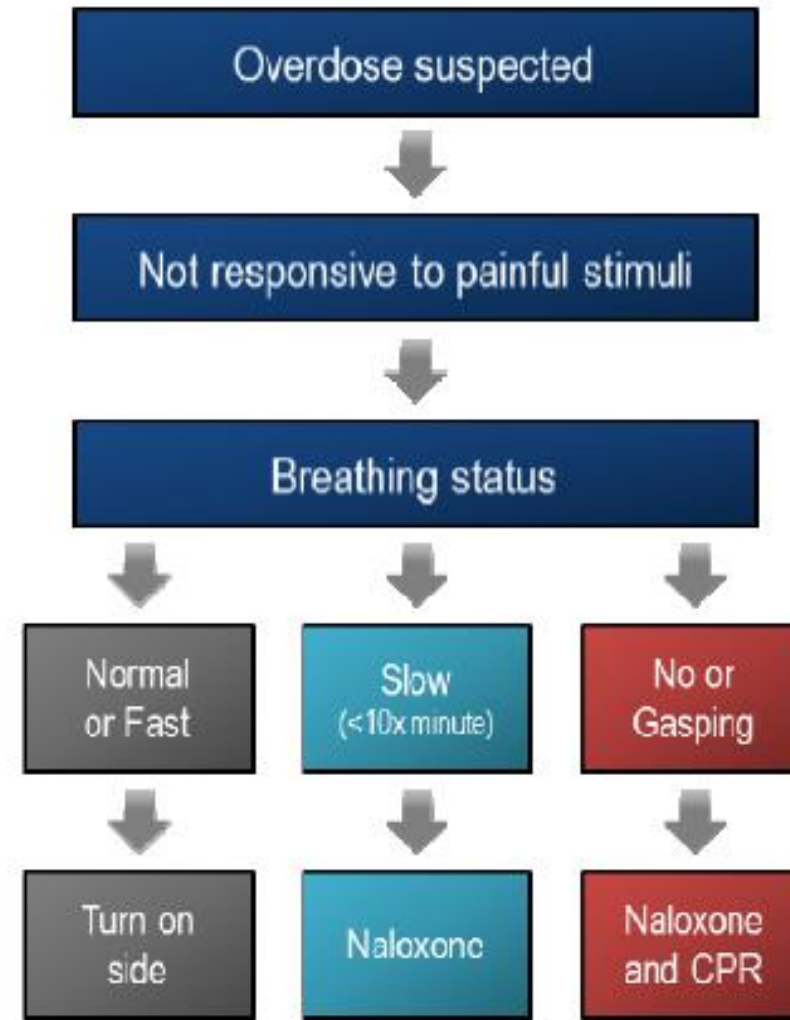
- Patient may become agitated or violent after drug is administered.
 - Consider restraining individual prior
- Rapid administration may cause vomiting.
 - Consider BSI
- May precipitate withdrawal in chronic narcotic users.

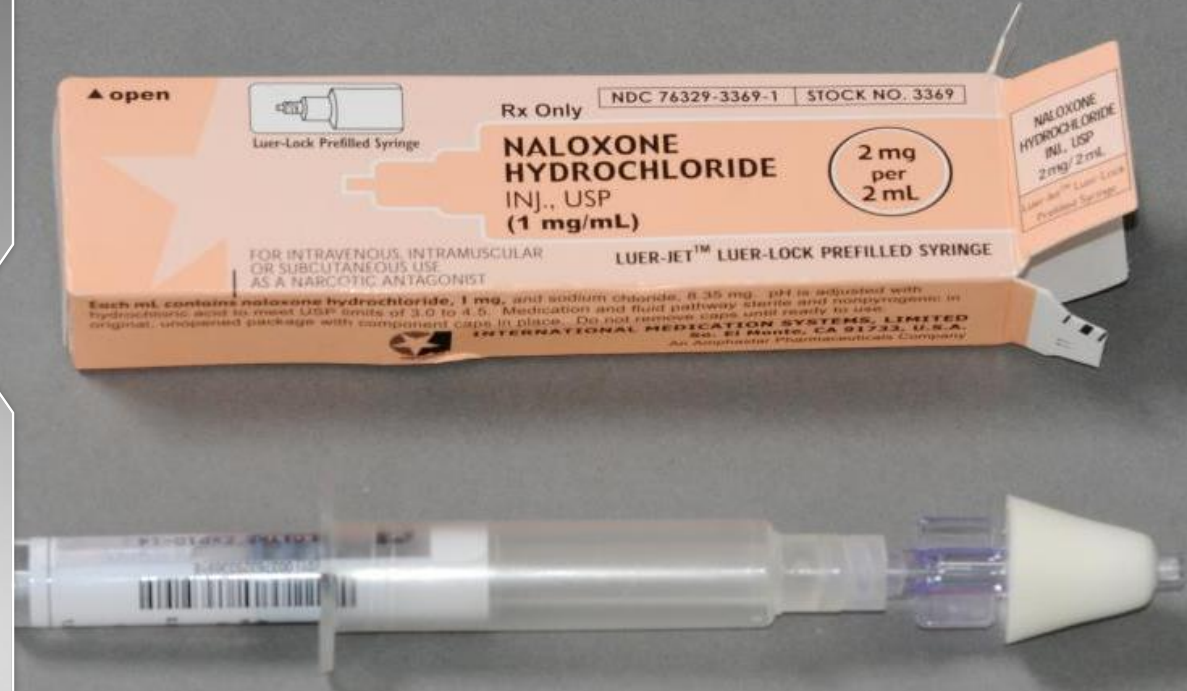


When to Use Naloxone

- Check responsiveness
- Check breathing status
- Remember: Check & Manage ABCs!

When to Use Naloxone





Intra-Nasal Naloxone

NASAL SPRAY

NARCAN[®] (naloxone HCl)
NASAL SPRAY

QUICK START GUIDE
Opioid Overdose Response Instructions

Use the NARCAN Nasal Spray (naloxone hydrochloride) for known or suspected opioid overdose in adults and children.
Important: For use in the nose only.
Do not remove or test the NARCAN Nasal Spray until ready to use.

1 Identify Opioid Overdose and Check for Response

Ask person if he or she is okay and shout name.
Shake shoulders and firmly rub the middle of their chest.
Check for signs of opioid overdose:
• will not wake up or respond to your voice or touch
• breathing is very slow, irregular, or has stopped
• center part of their eye is very small, sometimes called "pinpoint pupils"
Lay the person on their back to receive a dose of NARCAN Nasal Spray.

2 Give NARCAN Nasal Spray

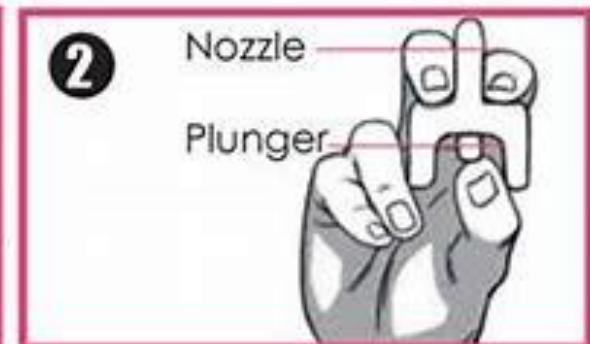
Remove NARCAN Nasal Spray from the box.
Peel back the tab with the circle to open the NARCAN Nasal Spray.
Hold the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
Gently insert the tip of the nozzle into either nostril.
• 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.
Press the plunger firmly to give the dose of NARCAN Nasal Spray.
• Remove the NARCAN Nasal Spray from the nostril after giving the dose.
Get emergency medical help right away.
Move the person on their side (recovery position) after giving NARCAN Nasal Spray.
Watch the person closely.
If the person does not respond by waking up, by voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.
Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.

3 Call for emergency medical help, Evaluate, and Support

For more information about NARCAN Nasal Spray, go to www.narcannasalspray.com, or call 1-844-6NARCAN (1-844-662-7226).

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How to administer Narcan Nasal Spray



Pre-Manufactured Kit [Click image for video](#)

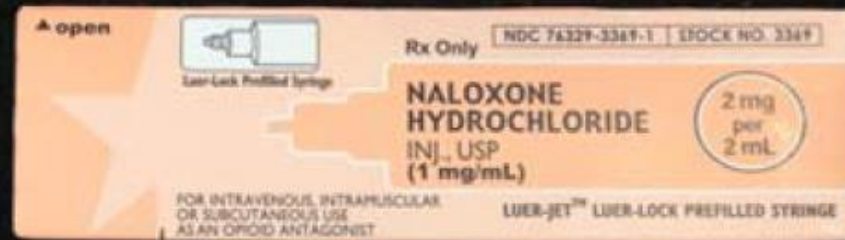


**COMPACT
POUCH**

Available with
Molle or Velcro
back.



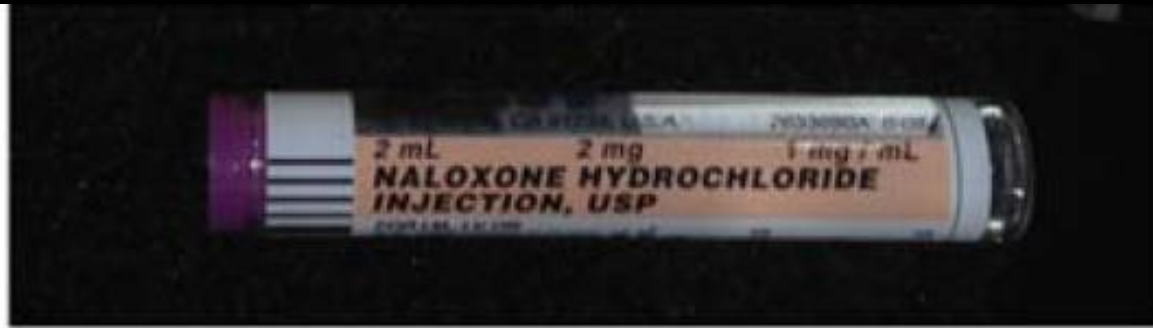
How to Prep Intra-nasal Naloxone



Remove caps from injector



Remove cap from medication vial



Get atomizer/MAD



Attach atomizer/MAD to injector

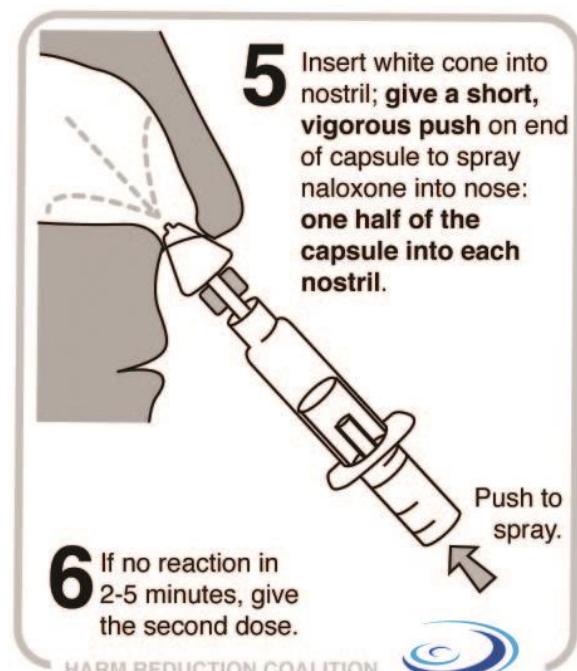
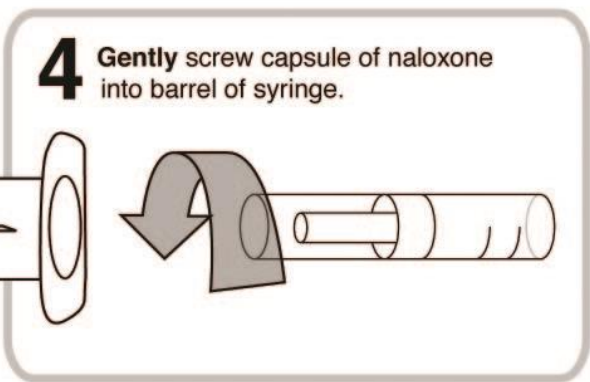
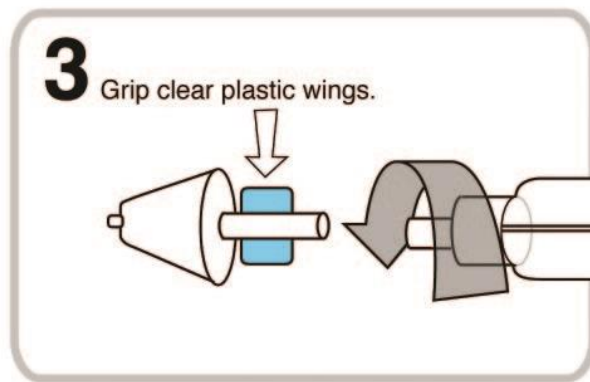
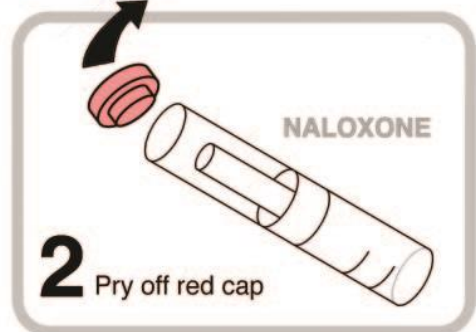
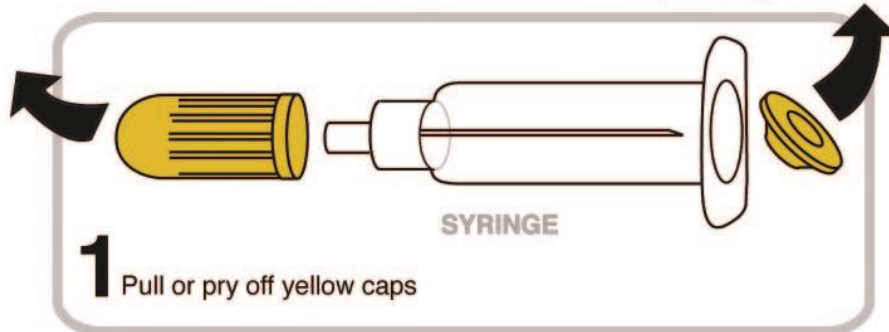


Screw medication vial onto injector



How to Use Intra-nasal Naloxone

How to Give Nasal Spray Naloxone



6 If no reaction in 2-5 minutes, give the second dose.

NARCAN FOR POLICE K9

- PINCH ONE NOSTRIL
- ADMINISTER SPRAY IN ONE NOSTRIL
- NOTIFY ON SITE SUPERVISOR OF EXPOSURE AND LOCATION OF SUBSTANCE
- TAKE TO VETERINARIAN IMMEDIATELY
- IF NEEDED, PROVIDE RESPIRATORY CARE WITH YOUR PROVIDED WAG CANINE BVM



Patient Management

- Remember: naloxone is indicated for patients with suspected narcotic overdose AND respiratory depression
- Make sure you manage the patient's airway and breathing
 - Oxygen delivery via BVM or BVM assisted ventilation
 - Adjuncts can be used: OPA or NPA



What to expect after administering Narcan



- **Each victim will react differently**
 - Most will wake up simply confused and disoriented
 - Side effects may include but are not limited to: rapid heart rate, nausea and vomiting, sweating, blurred vision, and opiate withdrawal
 - Can become combative
- ⦿ **Use extreme caution with combative victims**
 - Request backup and EMS prior to administration of Narcan
 - Most combative victims are also disoriented and confused
 - Will not listen to commands
- ⦿ **Strongly recommended that anyone receiving Narcan be transported to the hospital by EMS**

Signs of improvement

Respiratory

- Breathing returns
- Reverts from irregular/inadequate to normal breathing

Circulation

- Pulse present and normal
- Skin tone improving, paleness and bluish tint go away

Consciousness improves and victim becomes more alert

Scenario 1

- Your partner is handling a narcotic medication patch when your partner suddenly collapses in front of you.
- Your partner is unresponsive to pain, and seems to be barely breathing.
- How should you manage this scenario?



Scenario 1, cont'd

- What are your priorities?
- What are you assessing?
- How can you determine if this is a narcotic overdose?
- Does your partner have a pulse? If no, start chest compressions!





Scenario 1, cont'd

- Always: Manage ABCs
 - Control airway with an adjunct if necessary
 - Breathe for the patient via BVM
- Physical Exam
 - Check pulses (not present in this case)
 - Start CPR and activate EMS
- AED (download PulsePoint application)
 - Apply pads and follow AED instructions

Scenario 1: Conclusion

- Call for ALS
- Check for a pulse... no pulse? Start immediate compressions! **Never delay or interrupt CPR to administer naloxone**
- High flow oxygen via BVM
- Airway adjunct if necessary
- Pinpoint pupils with respiratory depression? Other scene clues suspected of narcotic exposure.
 - If so, intranasal Narcan
- Prepare equipment in case of respiratory/ cardiac arrest





Scenario 2

- You and your partner are dispatched to a home for a lethargic child.
- The child's mother is concerned that her 6-year-old son fell asleep in the middle of the afternoon and now won't wake up.
- The boy can be roused with painful stimuli, but falls asleep almost immediately afterward.
- Mother states he weighs 45 pounds

Scenario 2, cont'd

- What are your priorities?
- What are you assessing?
- How can you determine if this is a narcotic overdose?





Scenario 2, cont'd

- Assess ABCs.
 - If the child is able to manage airway and breathe adequately, minimal interventions.
- Assess pupils. Are they pinpoint?
- Family medical history.
 - Does anyone in the family have a narcotic prescription?

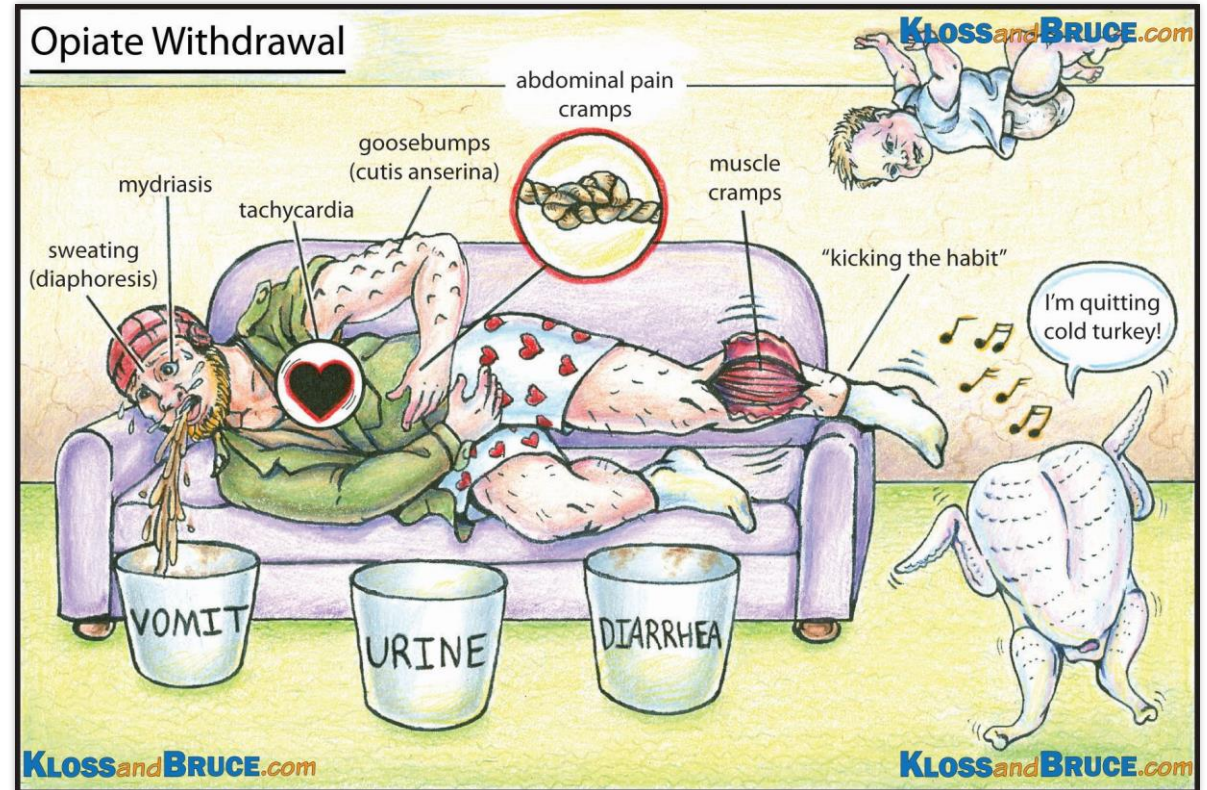
Scenario 2: Conclusion

- Call for ALS.
- Assist breathing with a BVM if needed.
 - Depends on respiratory rate, rhythm, quality.
- Airway adjunct if necessary.
- Pinpoint pupils with respiratory depression?
 - Intra-nasal Narcan
- Prepare equipment in case of respiratory/cardiac arrest
 - AED



Withdrawal

- Withdrawal symptoms can mimic flu symptoms and include:
 - Headache.
 - Nausea and vomiting.
 - Diarrhea.
 - Sweating.
 - Fatigue.
 - Anxiety.
 - Inability to sleep.



You have administered intra-nasal naloxone... Now what?

- MEASURE AND DOCUMENT SIGNS AND SYMPTOMS, BREATHING AND LEVEL OF CONSCIOUSNESS EVERY FIVE MINUTES UNTIL ALS ARRIVES
- Request a Supervisor for Narcan use documentation.
- If intra-nasal naloxone is effective additional doses can be given, if mental status decreases again.
- Paramedic may be able to restock depend on agreements with EMS.



COUNTY OF SAN MATEO
EMERGENCY MEDICAL SERVICES

San Mateo County Law Enforcement Naloxone Reporting Form

Officer Name: _____

Report Date: ____/____/____

1. When did the overdose occur? Date: ____/____/____ Approximate Time: _____
5. How did you know that an overdose was happening? (Check all that apply.)
 - Person looked blue
 - Person wouldn't wake up
 - Person stopped breathing
 - No response to sternal rub or painful stimuli
 - Other _____
6. What drugs were involved in the overdose? (Present at the scene or suspected. Check all that apply)
 - heroin codeine morphine fentanyl oxycodone methadone alcohol meth GHB cocaine/crack benzodiazepines, 'benzos' (eg: valium)
 - additional: _____
7. Did the person who you administered naloxone to...
 - a) Experience any symptoms of withdrawal? none mild severe
 - b) Display aggression because of these symptoms? yes no
8. How long did it take for the naloxone to work? Check one answer:
 - immediately 30 seconds one minute 90 seconds
 - 2 minutes 180 seconds 210 seconds 3 minutes more than 3 minutes
 - it didn't work
9. How many vials of naloxone were administered?
 - 1 2
10. Did the person survive the overdose?
 - yes no I don't know
11. Do you experience any problems carrying your naloxone kit? yes no
If yes, please specify: _____

Please give the complete form to ghgilbert@stanford.edu and keep record on file. Receive a new kit from your agency's Narcan coordinator.

1

Airway, breathing, and circulation (**ABCs**) are **ALWAYS TOP PRIORITY** when managing patients who are candidates for naloxone

2

A good patient assessment reveals patients who are candidates for naloxone

3

Consider use of intra-nasal (IN) naloxone for ALOC patients **with respiratory depression**

4

Naloxone / Narcan is an opiate antagonist that reverses opiate overdose

5

No person will administer the department-issued intra-nasal Narcan until they have completed both the written test & competency skills sign off.

6

You are **NOT** authorized, nor certified, to use or possess the department-issued naloxone off-duty.

Conclusion

Storage/Exchange

- Narcan should be kept out of direct light and at room temperature (**between 68 and 77 degrees Fahrenheit**)
- Each department is buying their own supply of Narcan
- **Each officer responsible to maintain assigned kit**
- LEOs/LE agencies may obtain Narcan resupply from local fire department/EMS if agreement exists
 - Per ORC 2529.61, law enforcement agency must obtain terminal distributor of dangerous drugs license for peace officer to obtain and use Narcan
- Shelf life (how long sealed vials are good to use) of Narcan is approximately **two years**
- Law enforcement agencies in San Mateo without ability to order Narcan can contact EMS Medical Director for required documentation. Currently that is Gregory H. Gilbert, MD
 - ghgilbert@stanford.edu
 - Keep sending him emails, he will respond, he promises

Summary

Narcan is a safe and effective drug in treating opioid overdoses



May lessen lethality of opioid overdoses by getting Narcan on scene faster



#1 priority will always be scene safety and officer safety



Proper storage, maintenance, and exchange of Narcan both at a supply station and with the individual officer is very important