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 < 3mm
- 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
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 (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.
• May precipitate withdrawal in chronic narcotic users.
• Patients may become agitated or violent after drug is administered.
Naloxone: Action

- Drugs that block or reduce the action of another drug are called **antagonists**.
  - Naloxone is an 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!
Intra-Nasal Naloxone
**Nasal Spray**

**Quick Start Guide**

1. **Opioid Overdose and Check for Response**
   - Check for signs of opioid overdose: vomiting, a slow or irregular heartbeat, or no response.

2. **Give Narcan Nasal Spray**
   - Remove Narcan Nasal Spray from the box.
   - Hold the Narcan Nasal Spray with your thumb on the bottom of the plunger and your index and middle fingers on either side of the nozzle.
   - Gently insert the tip of the nozzle into the nostril.
   - Press the plunger firmly to give the dose of Narcan Nasal Spray.

3. **Call for Emergency Medical Help, Evaluate, and Support**
   - If the person does not respond to waking up, in case of no response, or in breathing, another dose may be needed.

**How to administer Narcan Nasal Spray**

1. **Nozzle**
2. **Plunger**
3. **Move the person on their side (recovery position) after giving the dose.**
4. **Watch the person closely.**

For more information about Narcan Nasal Spray, go to www.narcanonline.com or call 1-866-NARCAN-1 (1-866-627-2261).
Pre-Manufactured Kit  Click image for video

COMPACT POUCH
Available with Molle or Velcro back.

4 mg
How to Prep Intra-nasal Naloxone
Remove caps from injector
Remove cap from medication vial
Attach atomizer/MAD to injector
Screw medication vial onto injector
How to Use Intra-nasal Naloxone

1. Pull or pry off yellow caps
2. Pry off red cap
3. Grip clear plastic wings.
4. Gently screw capsule of naloxone into barrel of syringe.
5. Insert white cone into nostril; give a short, vigorous push on end of capsule to spray naloxone into nose: one half of the capsule into each nostril.
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
- If needed, provide respiratory care with your provided WAG canine BVM
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.
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
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

ghanilbert@stanford.edu
  - Keep sending him emails, he will respond, he promises
Proper storage, maintenance, and exchange of Narcan both at a supply station and with the individual officer is very important. #1 priority will always be scene safety and officer safety. May lessen lethality of opioid overdoses by getting Narcan on scene faster. Narcan is a safe and effective drug in treating opioid overdoses.