Opioid Toxicity Medical Directive

A Primary Care Paramedic may provide the treatment prescribed in this Medical Directive if authorized.

Indications

Altered LOC;

AND

Respiratory depression;

AND

Inability to adequately ventilate;

AND

Suspected opioid overdose.

Conditions

	Naloxone
Age	≥18 years
LOA	Altered
HR	N/A
RR	<10 breaths/min
SBP	N/A
Other	N/A

Contraindications

Naloxone
Allergy or sensitivity to naloxone
Uncorrected hypoglycemia

Treatment

Consider naloxone

	Route	Route	Route	Route
	SC	IM	IN	IV
Dose	0.8 mg	0.8 mg	0.8 mg	Up to 0.4 mg
Max. single dose	0.8 mg	0.8 mg	0.8 mg	0.4 mg
Dosing interval	10 min	10 min	10 min	immediate
Max. # of doses	3	3	3	3*

*For the IV route, titrate naloxone only to restore the patient's respiratory status.

Clinical Considerations

IV administration of naloxone applies only to PCPs authorized for PCP Autonomous IV.

Naloxone may unmask alternative toxidromes in mixed overdose situations (leading to possible seizures, hypertensive crisis, *etc*.).

Naloxone is shorter acting than most narcotics and these patients are at high risk of having a recurrence of their narcotic effect. Every effort should be made to transport the patient to the closest appropriate receiving facility for ongoing monitoring.

Combative behaviour should be anticipated following naloxone administration and paramedics should protect themselves accordingly, thus the importance of gradual titrating (if given IV) to desired clinical effect: respiratory rate ≥10, adequate airway and ventilation, not full alertness. If adequate ventilation and oxygenation can be accomplished with a BVM and basic airway management, this is preferred over naloxone administration.