

State of Vermont**Department of Health**

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*Agency of Human Services***MEMORANDUM****TO: Vermont EMRs and VT District Medical Advisors****FROM: Daniel Wolfson, MD - VT State EMS Medical Director****DATE: June 26, 2014****Subject: Enhancement of EMR[†] scope of practice to include use of intranasal naloxone for suspected opioid overdose with severe respiratory depression.**

In response to the widespread public access to naloxone (Narcan) for use in patients with suspected opioid or opiate overdose with severe respiratory depression, VT EMS feels that it is appropriate to enhance the EMR scope of practice to include the use of intranasal naloxone.

This memorandum serves as notification that, with appropriate training and credentialing as outlined below, EMRs may now carry and utilize intranasal naloxone. EMRs should refer to the EMT section of Vermont Statewide Emergency Medical Services Protocol 2.17A: Poisoning/Substance Abuse/Overdose – Adult, and Protocol 2.17P: Poisoning/Substance Abuse/Overdose – Pediatric for the indications for intranasal naloxone. Be aware that opioid overdose patients may become combative when treated with naloxone. Be prepared to keep the patient and your crew safe. Consider calling for Paramedic intercept, if available. If not available, call for AEMT intercept. Patients receiving naloxone should be transported to the ED.

EMRs are not required to complete the training if their service does not carry naloxone or the required intranasal atomizers. (Note: this scope enhancement only applies to intranasal administration, not intravenous or intramuscular injection.)

Medication/device specifications:

Vermont EMS does not endorse any one manufacturer; however, the only currently available formulation of naloxone in a prefilled syringe acceptable for EMR/EMT intranasal use is the **Naloxone HCL Inj., USP (1mg/mL) Luer-Jet Prefilled Syringe (NDC#76329-3369-1)**.

The nasal atomizer device (packaged and sold separately) will need to be attached to this syringe in order to administer the medication via the intranasal route. Currently, there is a single manufacturer: **Teleflex MAD300/ LMA® MAD Nasal™ Intranasal Mucosal Atomization Device without Syringe**; these items do not yet have an NDC #.

[†] (This scope enhancement also applies to VT -licensed FRECAs)



In order for an EMR to utilize this scope enhancement, they must complete the following training package at the EMS service level:

EMR Intranasal Naloxone (Narcan)

Presentation Methods:

- **Individual Learning (view presentation alone):**
 - LearnEMS: The presentation is on CentreLearn under the title *EMR Intranasal Naloxone*. The presentation can be viewed individually or as a group.
- **EMS Service-level Training (three options for group/classroom based learning)**
 - Use LearnEMS: The presentation is on LearnEMS under the title *EMR Intranasal Naloxone*.
 - Use the PowerPoint presentation found on the Vermont EMS Website: at www.vermontems.org under Protocol Education, with the title *EMR Intranasal Naloxone*.
 - Use of Physician/Allied Health Qualified Instructors: It is strongly recommended that the *EMR Intranasal Naloxone* presentation be used for an in-service training.

Mandatory Skills Practical: See below. An EMT-B/EMT or higher should facilitate this practical.

Documentation:

- EMS Service: Roster for both presentation and practical listing students and instructor(s)

BLS Intranasal Naloxone Practical

- Materials required:
 - Drug delivery devices (atomizer, syringe, etc.)
 - Salt water (1 cup warm water, $\frac{1}{4}$ tsp. salt, $\frac{1}{8}$ tsp. baking soda) or saline from a sterile bottle
 - Student human subjects or may use manikin instead
- Objectives:
 - Recognize the signs and symptoms of an overdose
 - Identify the indications, contraindications, and adverse reactions of naloxone (Narcan)
 - Prepare and administer intranasal naloxone
 - Describe how continued support will be provided to the patient
- Procedure Practice: All students should practice with an atomizer to understand how it generates an atomized mist. The device operates via hydraulic forces, so adequate compression is required to create an atomized mist. The harder you push the plunger on the syringe, the better misting effect you will achieve.
 - Using the device - general:



- Have students draw up 2 mL of salt water into a needleless 3 mL luer lock syringe
- Expel all air from the syringe
- Connect the atomizer tip to the syringe
- Briskly compress the syringe plungers to atomize the fluid
- Vary the pressure applied to the syringe and note that slow compression fails to create an adequate atomized mist
- Now practice atomizing a single mL of solution and stopping, then atomizing the remainder
- Practice procedure on students or on manikin:
 - Students should pair up
 - One student should lie supine
 - The second student should draw up 2 mL of salt water into a 3 mL luer lock syringe. This volume mimics 2 mL of naloxone (preferred concentration is 2 mL of 1 mg/mL naloxone)
 - Expel all air from the syringe
 - Connect the atomizer tip to the syringe
 - Hold the student “patient’s” head with one hand
 - Place atomizer 1.5 cm within one nostril with the other hand
 - Briskly compress syringe to administer 1 mL of atomized spray (this may irritate the nose slightly so have the towel handy to catch any secretions)
 - Remove and repeat in other nostril, so all 2 mL of solution are administered
 - Switch places and let the second student perform the same procedure

