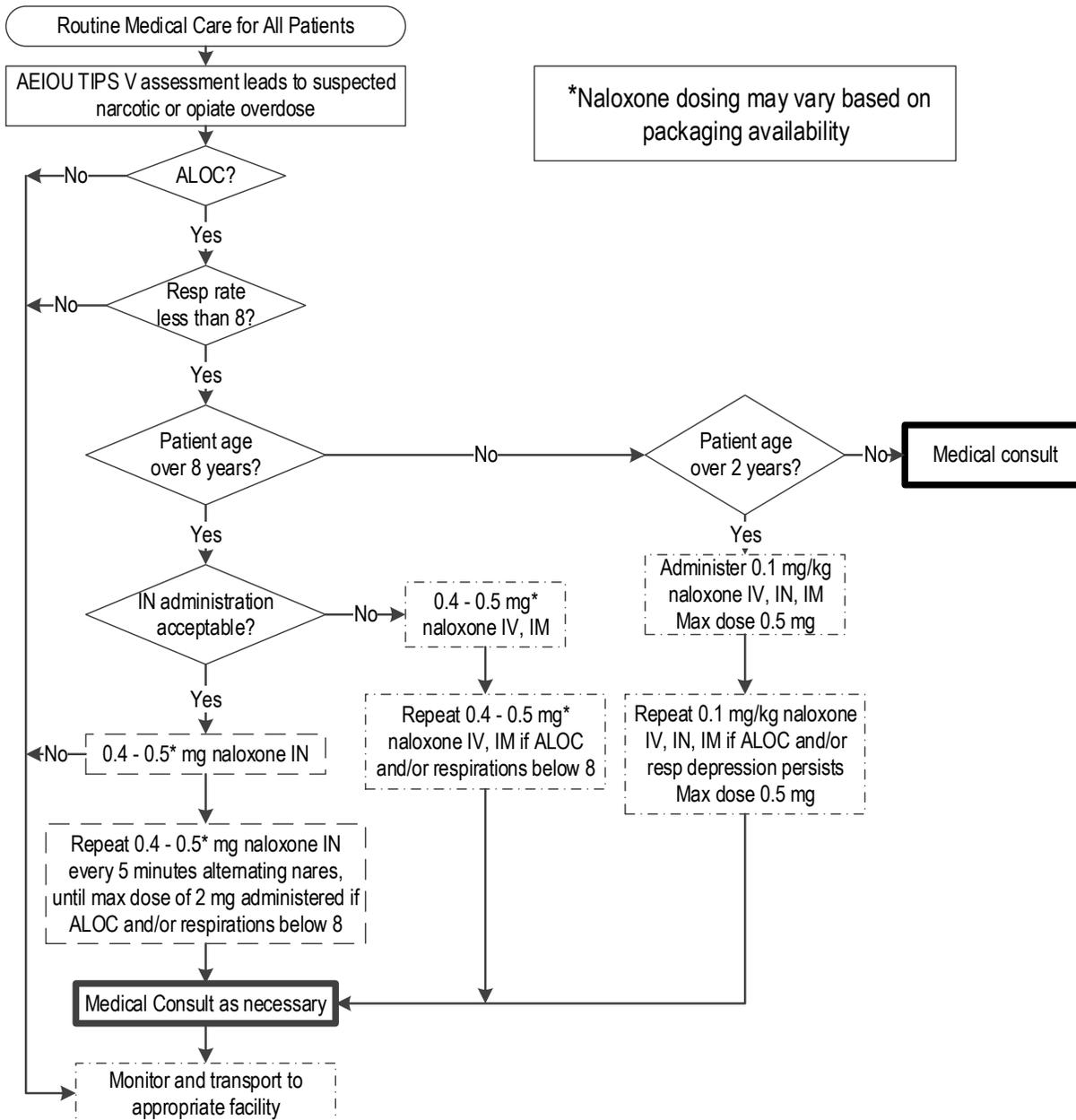


History:	Signs/Symptoms:	Working Assessment:
History of substance abuse Evidence consistent with narcotic or opiate use Other etiologies (AEIOU TIPS V) ruled out for ALOC	Altered level of consciousness Respiratory depression Pinpoint pupils	Overdose



**NOTES:**

- There is no evidence of naloxone improving the chance of ROSC when a patient is in cardiac arrest due to a narcotic / opiate overdose. Focus should be on standard CPR/ACLS with good CPR and mechanical ventilation rather than attempts with naloxone.
- If the patient is suspected of being unconscious due to a narcotic overdose, restraining the patient may be considered before administering naloxone.
- If the patient can be aroused by painful stimuli enough to maintain an appropriate respiratory effort, the provider should opt for the stimuli versus naloxone. The goal is to only awaken those that cannot maintain an appropriate respiratory effort by non-invasive means i.e. painful stimuli.
- Alteration of consciousness is defined as responsive to pain or unresponsive on the AVPU scale.