Milwaukee County Office of Emergency Management-EMS Division (OEM-EMS)

Toxins & Environmental
OPIOID OVERDOSE
Practice Guideline

Patient Care Goals
1. Rapid recognition and intervention of a clinically significant opioid poisoning or overdose
2. Prevention of respiratory and/or cardiac arrest

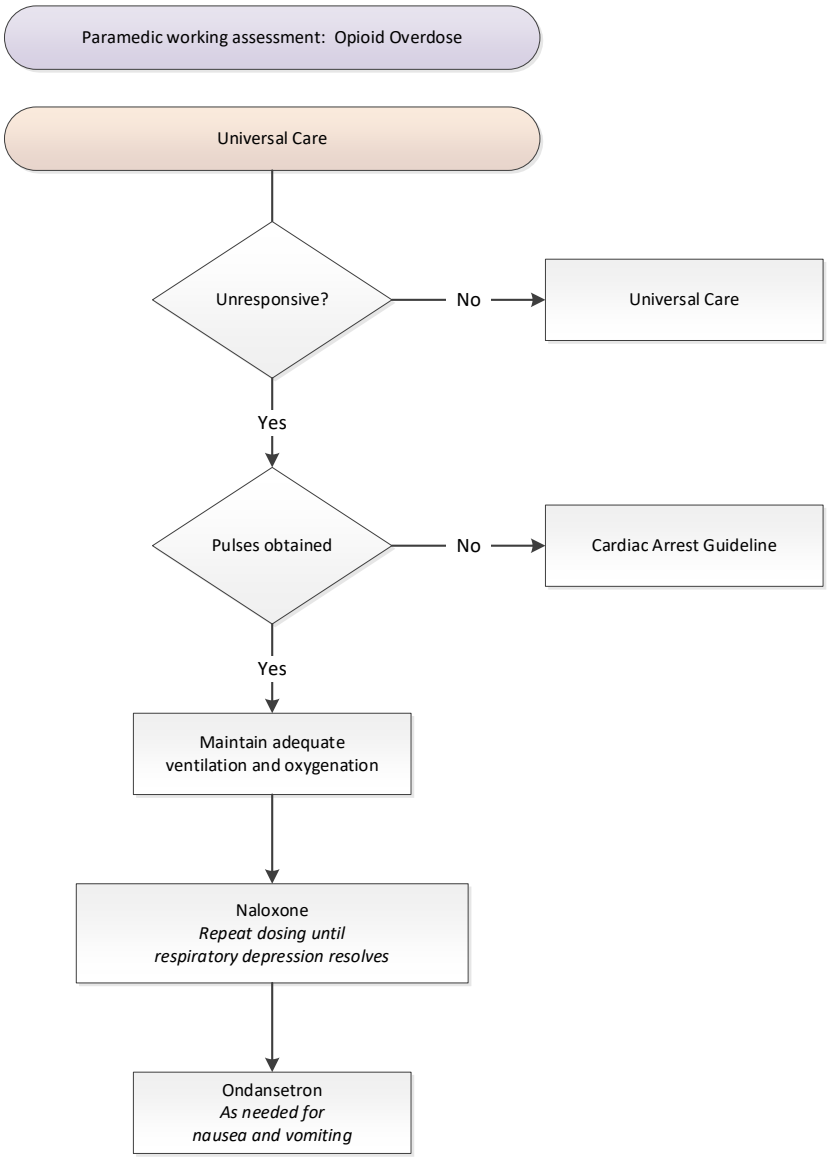
Patient Presentation:
Inclusion Criteria
Patients of all age groups with access to opioids and known or suspected opioid use or abuse
Altered consciousness
Inadequate respirations

Patient Management:
Naloxone 0.5 mg IV, IM
Naloxone 1.0 mg IN
Max single dose 1.0 mg; titrated q 3 minutes until respiratory depression improves, not necessarily consciousness.
No upper limit of naloxone
Ondansetron
ODT: 15-30kg: 4 mg
>30kg: 8 mg
IV/IO: 0.1 mg/kg MAX 4 mg

Patient Safety Considerations:
Ventilation is crucial. Support depressed respirations with BVM/O2
NOT INDICATED IN CARDIAC ARREST REGARDLESS OF PRESENTING RHYTHM
Non-invasive capnography may aid in early detection of hypoventilation and can be used in decision-making for subsequent naloxone dosing
Patient at risk for agitation or violence after opioid reversal
Patient at risk for opioid withdrawal, vomiting or aspiration after naloxone
Routine use of lights and sirens is not recommended during transport unless severe or refractory to EMS interventions
Naloxone effects may be temporary—encourage transport to hospital
Pts in custody of law enforcement should be transported by EMS (not LE vehicle)

Quality Improvement:
Key Documentation Elements
1. Airway management
2. GCS monitoring
3. Glucose level
4. Narcan prior to EMS arrival (law enforcement, citizen, etc)
5. Medical decision-making for turndown to BLS transport
6. Criteria for refusal: Elements of refusal/transport checklist should be documented and signed by patient or their guardian.

*Complete HIDTA OD Map Entry



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