

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8004.03
	PROGRAM DOCUMENT:	Initial Date:	04/20/21
	Suspected Narcotic Overdose	Last Approved Date:	06/22/23
		Effective Date:	11/01/25
		Next Review Date:	06/01/25

Signature on File

EMS Medical Director

Signature on File

EMS Administrator

Purpose:

- A. To serve as a treatment standard for patients exhibiting signs and symptoms of suspected Narcotic Overdose.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Protocol:

A. For any Altered Level of Consciousness (ALOC), consider AEIOUTIPS:

Alcohol	Trauma
Epilepsy	Infection
Insulin	Psychiatric
Overdose	Stroke or Cardiovascular
Uremia	

B. Suspected Narcotic Overdose (Consider any of the following):

1. Decreased responsiveness (Glasgow Coma Score < 14).
2. Inability to respond to simple commands.
3. Respiratory insufficiency or respiratory rate < 8.
4. Pinpoint pupils.
5. Bystander or patient history of drug use or drug paraphernalia on site.

BLS
<ol style="list-style-type: none"> 1. Supplemental O₂ as necessary to maintain SpO₂ ≥ 94%. Use the lowest concentration and flow rate of O₂ possible. 2. Check patient/victim for responsiveness and ABCs. 3. Naloxone: 2mg Intranasal (IN), or per dosing of pre-loaded IN Naloxone device. May repeat every 5 minutes, as needed, until the patient is breathing spontaneously. 4. Airway adjuncts as needed. 5. Perform blood sugar determination. Refer to PD# 8002 – Diabetic Emergencies. 6. Transport
ALS
<ol style="list-style-type: none"> 1. Initiate vascular access and titrate to an SBP > 90 mm Hg. 2. Naloxone: <ol style="list-style-type: none"> a. Preferred routes are IV or *Intranasal (IN). <ul style="list-style-type: none"> • 1mg increments IV push, titrated to adequate respiratory status.

- 2 mg Intranasal (IN). May repeat every 5 minutes, as needed, titrate to adequate respiratory status.
 - Do not administer if an advanced airway is in place and the patient is being adequately ventilated.
3. Airway adjuncts as needed
 4. Cardiac monitoring.
 5. [If patient is revived by Narcan and GCS15, consider Buprenorphine administration.](#)

*Intranasal medications are to be delivered through an atomization device with one-half the indicated dose administered in each nostril.

Naloxone Leave Behind Kit

Indication:

- A. History of illicit substance use or active prescriptions for opioids.
- B. History of physical exam findings consistent with IV drug use – needle marks, abscesses at injection sites.
- C. Physical environment suggestive of illicit substance use – paraphernalia opioid pill bottles present at the scene.

BLS or ALS:

- A. If respiratory distress or altered mental status, refer to appropriate county policy.
- B. Provide Naloxone Leave Behind Kit.
- C. Review indications for Naloxone use with a bystander, friend, or family member.
- D. Review instructions for use with a bystander, friend, or family member.
- E. Review DHS opioid resource information sheet.

Cross Reference: PD# 2002 – Naloxone Leave Behind
PD# 2523 – Administration of Naloxone by Law Enforcement First Responders.
PD# 8002 – Diabetic Emergencies
PD# 8003 – Seizures
[PD# 8069 – Buprenorphine](#)