

Includes: patients of all ages with access to opioids and known or suspected opioid use or abuse.
Excludes: patients with altered mental status exclusively from other causes (e.g., head injury, hypoxia, or hypoglycemia).

EMT

- Initiate [Universal Care](#).
- For respiratory depression, perform immediate resuscitation first, then consider:
- **Naloxone:** SPECIAL TRAINING REQUIRED (STR)
 - Intra-nasal (IN)
 - 4 mg/0.1 mL nasal spray
 - 1 spray in single nostril (or)
 - 2 mg/2 mL single dose Luer-Jet® prefilled syringe with mucosal atomizer device (MAD)
 - Divide dose equally between nostrils to max of 1 mL per nostril
 - Intramuscular (IM)
 - 2 mg/0.4 mL auto-injector
 - Place on thigh and inject 0.4 mL
- All routes may be repeated as indicated.

- May assist with patient’s own auto-injector.
- Identify medication taken, noting immediate release vs. sustained release formulations, time of ingestion, and quantity.
- Bring pill container(s) to hospital, if possible (or take pictures with photography equipped, agency-owned device).
- Assess for other etiologies of altered mental status including hypoxia, hypoglycemia, hypotension, and traumatic head injury.
- Monitor for recurrent respiratory depression and decreased mental status.
- Recommend transport to hospital.
- If patient refuses transfer, with or without receiving naloxone, call the Arizona Opioid Assistance and Referral (OAR) Line at 888-688-4222.

AEMT

- Naloxone should be given via IV/IO route to apneic patients while supporting airway and breathing through traditional methods.

- IVF if indicated refer to [Shock](#).
- **Naloxone:** 0.4-2 mg IV/IM/IN. Repeat if indicated.

- Consider IV/IO refer to [Shock](#).
- **Naloxone:** 0.1 mg/kg IV/IM/IN. Repeat if indicated.



EMT-I/Paramedic