Welcome to Naloxone-apolooza '14
Power to the Opiate Busters!

EMS State of the Science
A Gathering of Eagles XVI – Dallas, TX 2014

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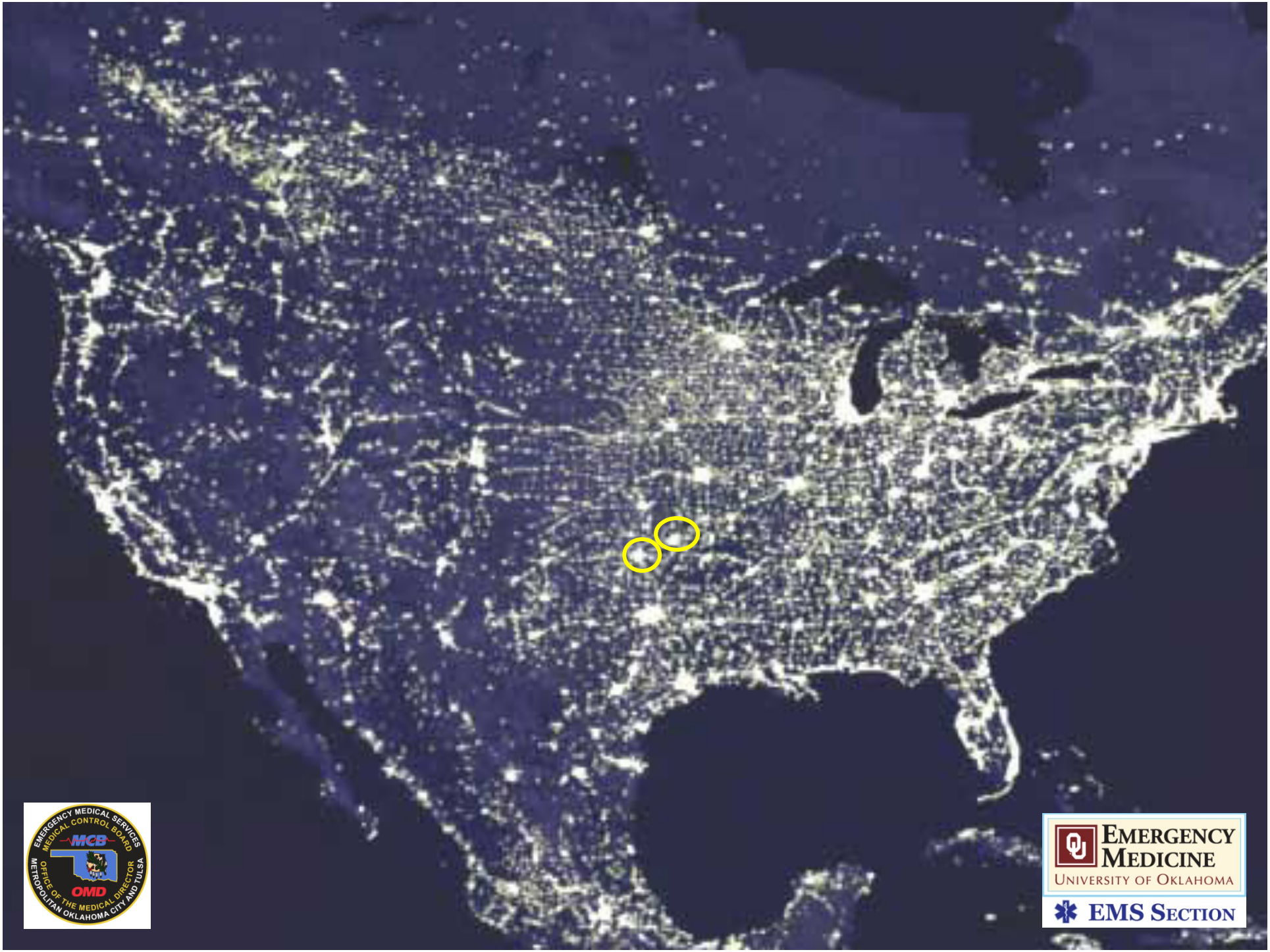
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Disclosure of Presenter Bias

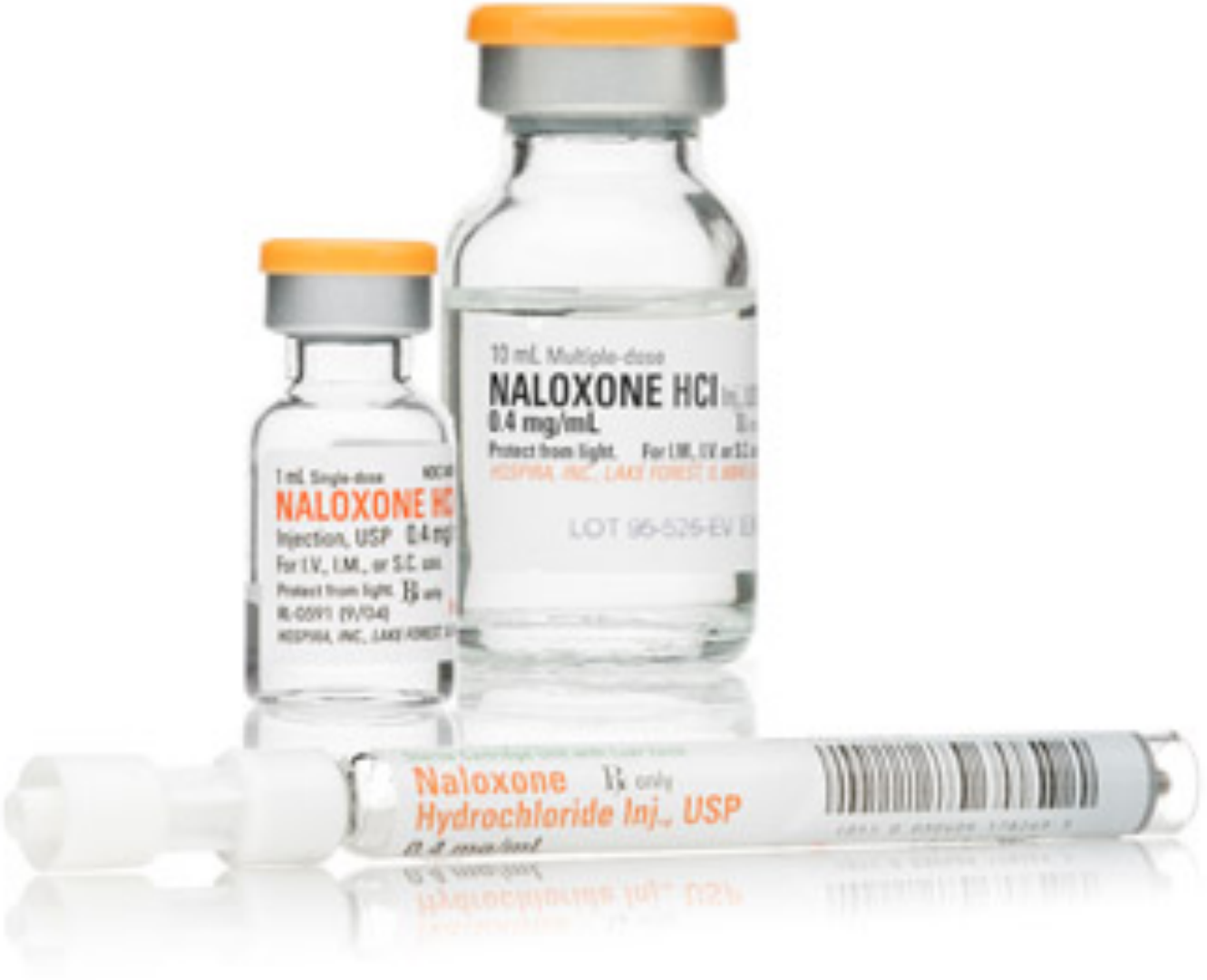
- Preference for life over death
- Medical Director for “a lot” of LEOs
- Medical Director for “a lot” of EMRs/EMTs
- Not my place to judge an opiate abuser/addict
- Socially liberal
- Fiscally conservative

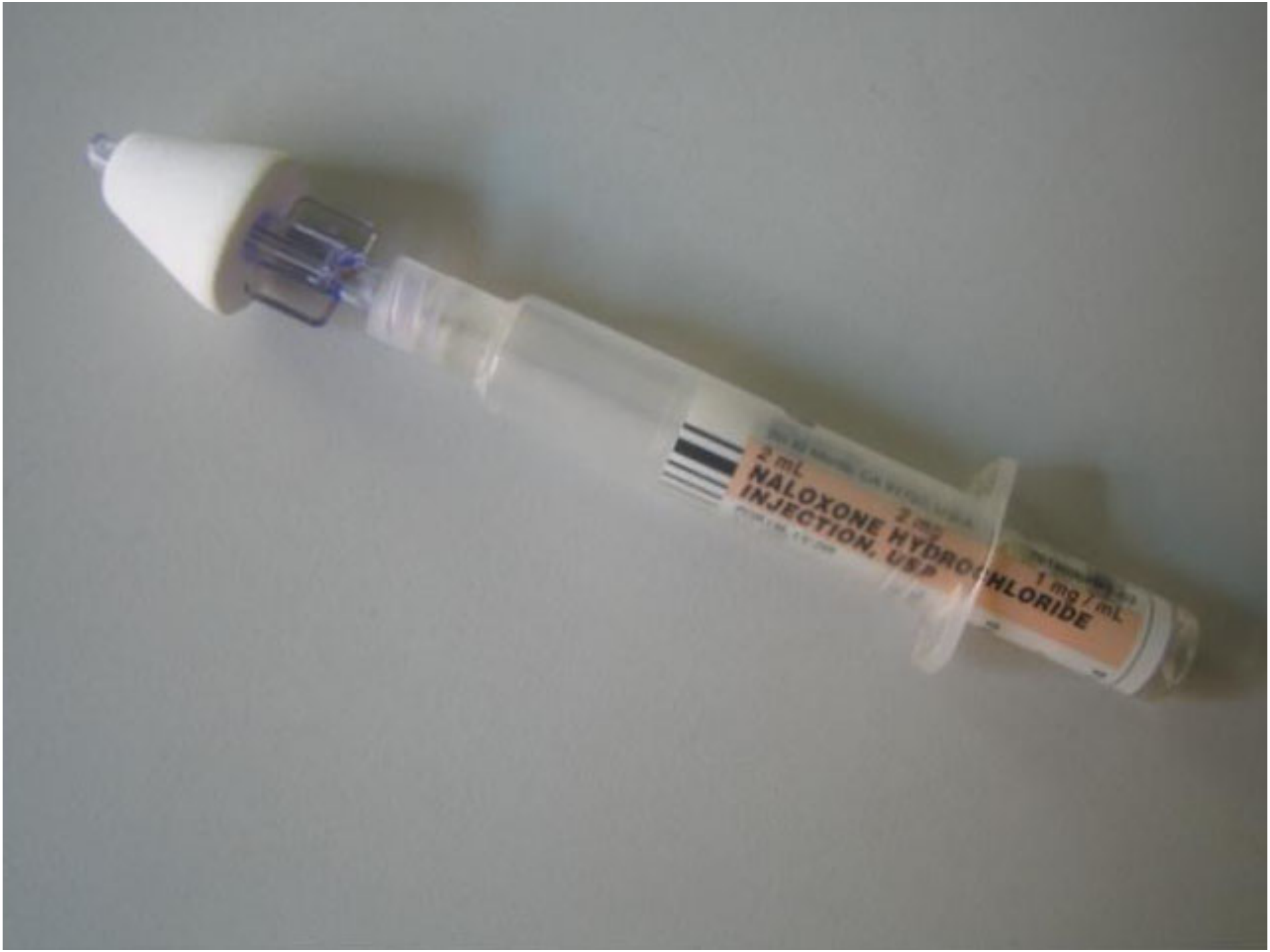

EMSA
EMSA
AMBULANCE


Lyle Lovett
Bud Light
Coca-Cola
Bud
STANLEY


HOSPITAL & EMERGENCY ROOM
A C D F G H
EMERGENCY
EXIT
EXIT
EXIT
1 in 8 women


Rx
MEDICAL CENTER


10 mL Multiple-dose
NALOXONE HCl
0.4 mg/mL
Protect from light.
1 mL Single-dose
Injection, USP
Naloxone
Hydrochloride Inj., USP


2 mL
NALOXONE HYDRO
INJECTION, USP
1 mg / mL
HLORIDE

Consideration #1

Naloxone is a drug.
Naloxone is an effective drug.
Naloxone is not a benign drug.

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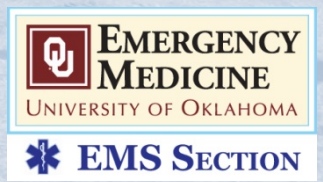
Consideration #2

What is needed in an opiate-mediated cardiac arrest?

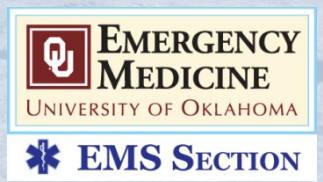
What is needed in an opiate-mediated AMS pt spontaneously breathing/circulating?



Consideration #3

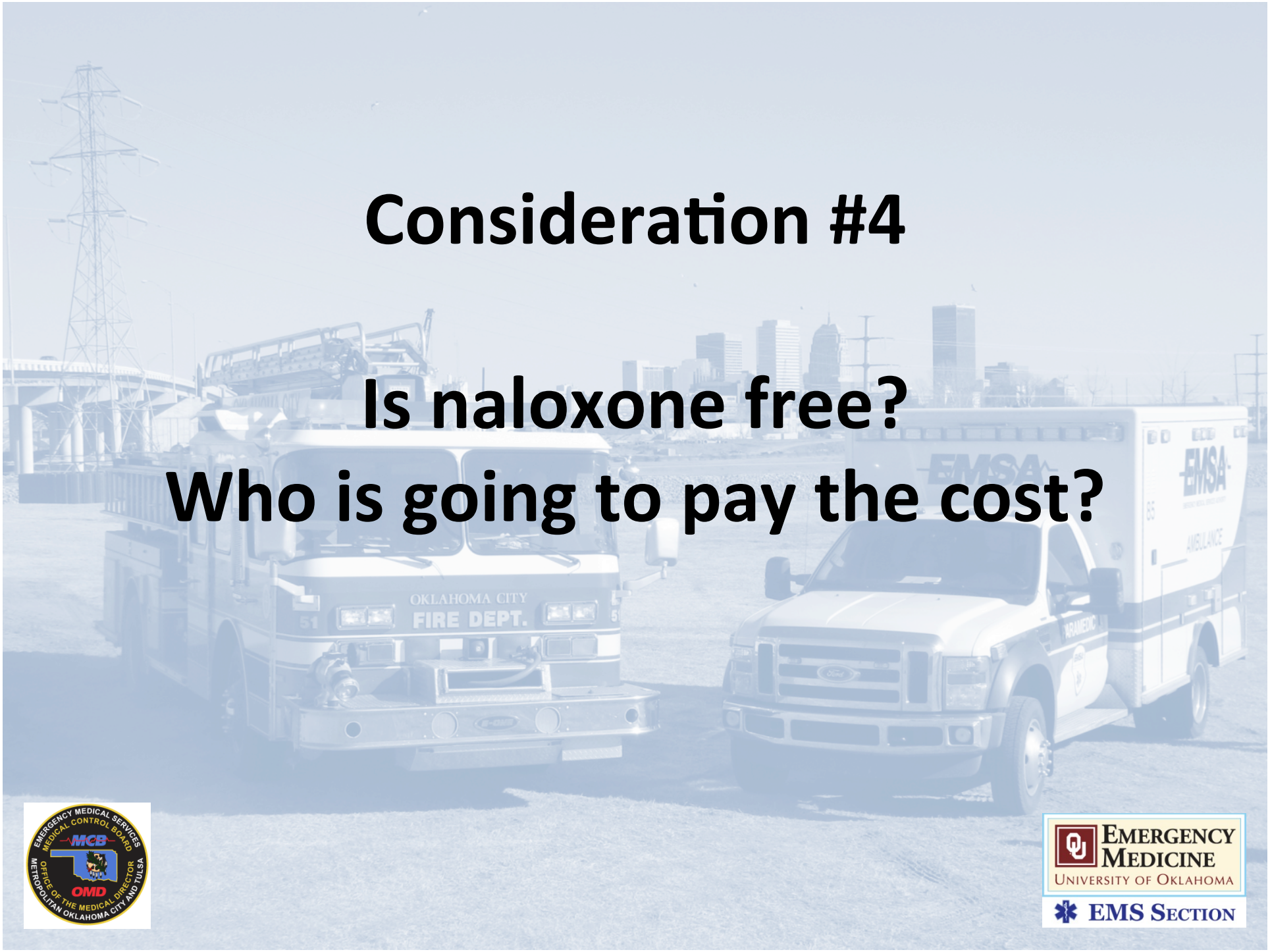
In a large, urban area, what is the time lag from PD or even BLS EMS to ALS EMS arrival?

Will naloxone realistically be given in that time?



Consideration #4

Is naloxone free?
Who is going to pay the cost?



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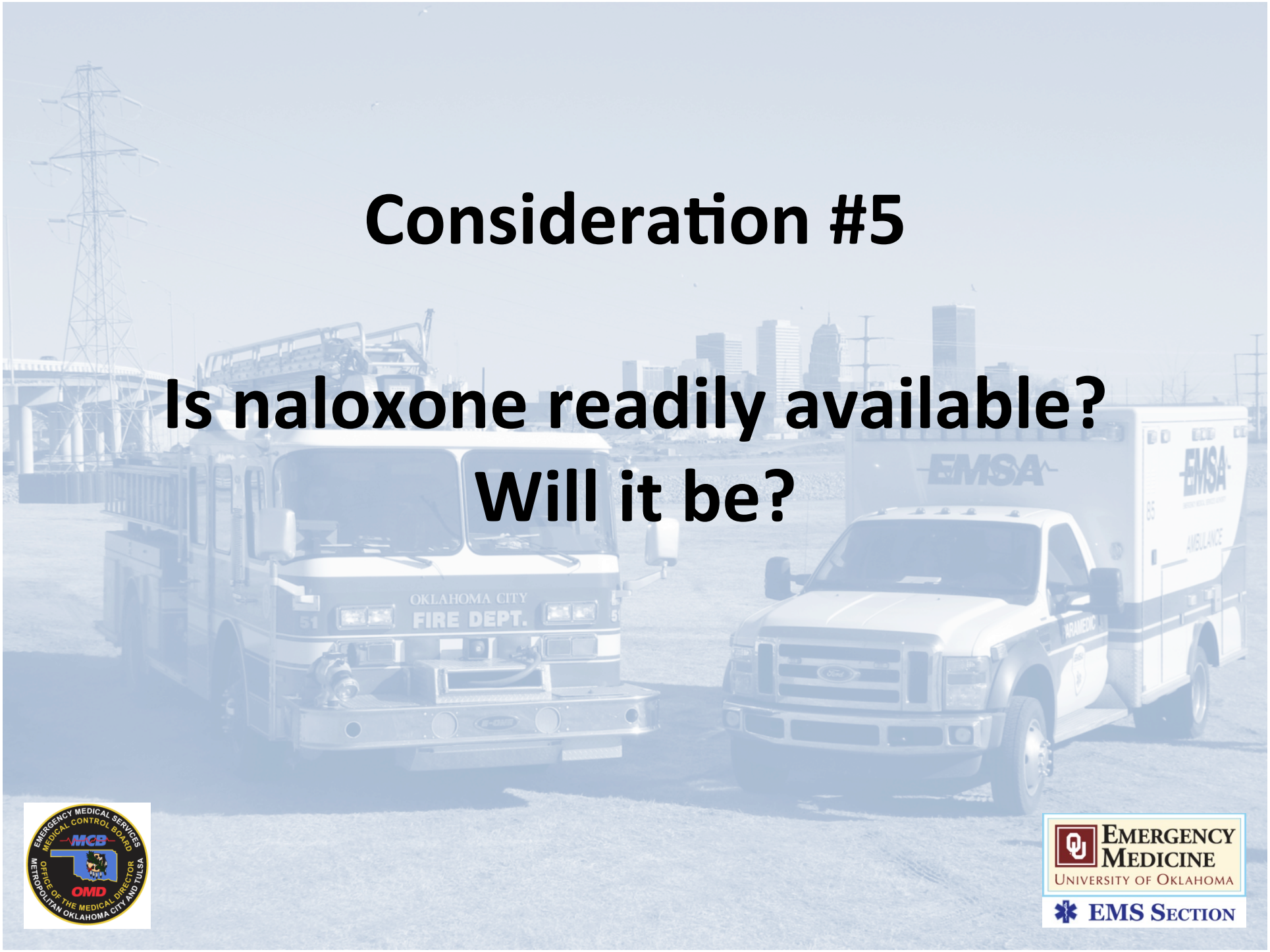
Consideration #5

Is naloxone readily available? Will it be?



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Suggested Non-ALS EMS Guideline

- Activate ALS EMS
- Awake/Able to be awakened? Y = No naloxone
- Breathing normally? Y = No naloxone
- Apnea? Y = CPR
- Agonal breathing? Y = CPR
- Breathing every 3-5 seconds? Y = Recovery position

Only give naloxone 0.4-2 mg if all the above = NO

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Have the audacity to be honest about reality regardless of what the "We're saving lives!" consensus is.

This message NOT brought to you by the feel good/do good coalition or the manufacturers of naloxone.

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TULSA FIRE DEPARTMENT
PROTECTING LIFE, HEALTH, PROPERTY & ENVIRONMENT
EST. 1900

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FIRE • RESCUE • EMS
OFD
Est 1889

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