

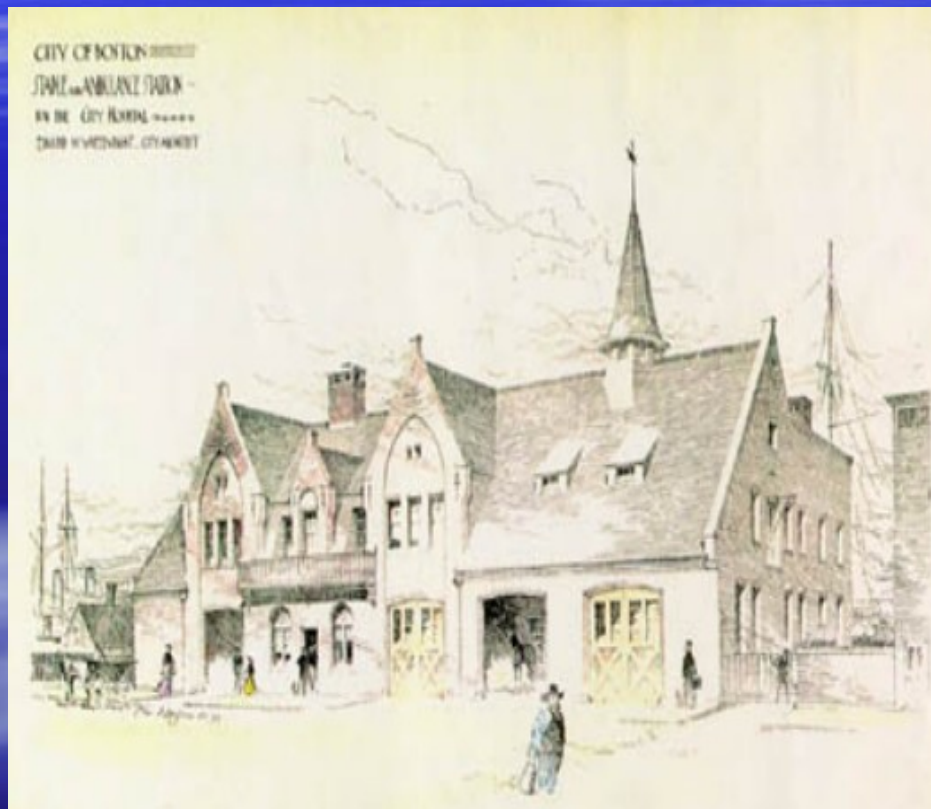
Snuffing Out the Overdose: The Boston BLS Nasal Naloxone Program

Sophia Dyer, MD, FACEP
Medical Director

Boston Public Safety Agencies
Boston EMS, Police and Fire



BEMS History



- In 1892, the City Hospital Ambulance Service transported its first patient.
- The Ambulance Service consisted of eleven horses and two ambulance carriages
- Twelve men lived at the facility, and worked as "horsekeepers, chore men, and porters."

This is now...



Only in
Boston!



BLS Nasal Naloxone



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**Original
Contributions**

EFFICACY OF INTRANASAL NALOXONE AS A NEEDLELESS ALTERNATIVE FOR TREATMENT OF OPIOID OVERDOSE IN THE PREHOSPITAL SETTING

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INTRANASAL ADMINISTRATION OF NALOXONE BY PARAMEDICS

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Heroin and Boston EMS

- For 2003
- 716 Heroin Overdoses
“patient encounters”
- 296 involve naloxone
(Narcan ®)



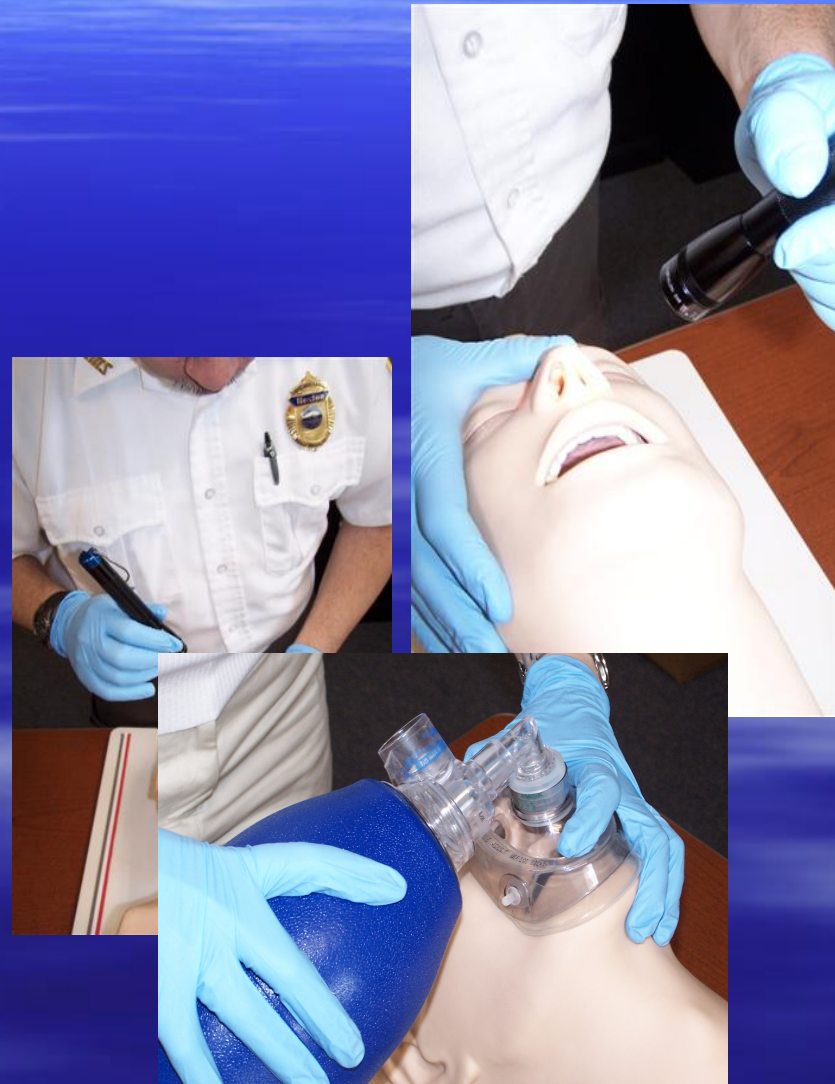
BLS Nasal Narcan

- Inclusion Criteria
- Hypoventilation or respiratory arrest, RR less than 8
- Not in cardiac arrest
- Clear lung sounds
- Know or suspected opiate abuse, by history or evidence of drug materials
- 15 y.o and up



Administering Nasal Narcan

- Confirm indications
- Confirm patient has no exclusion criteria (nasal trauma/obstruction, sz, wheezing or rhonchi)
- Continue BLS airway support



Boston EMS BLS Nasal Naloxone

- From April 2005 to November 2009---456 patients
- Majority—heroin
- Minority—
pharmaceuticals



Additional Results

- Post BLS Naloxone--315 with RR >8
- 23 patients agitated
- 7 patients vomited
- 1 possible aspiration
- 2 hypothermic
- 14 additionally identified as hypoglycemic
- Rapid Transport times



Summary

Used frequently by crews
in high opiate areas

Response rate slower
than IV, ?IM

Time to response up to
7min, specially in
those with apnea

