



<h1>NYC REMAC</h1>			
Advisory No.	2014-03		
Title:	BLS Provider Administration of Intra-Nasal Naloxone		
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The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

Attached is the NYC REMAC REVISED Altered Mental State protocol (#411). Also provided is a copy of the NYS DOH BEMS Policy Statement # 13-10.

Agencies deciding to provide this treatment must provide notification in writing to the NYC REMAC, which includes affirmation by the service's Medical Director that all requirements put forth in NYS DOH # 13-10 have been met. Additionally, the NYC REMAC protocol contains a QA requirement that the NYC REMAC must be informed of all administrations of Intra-Nasal Naloxone.

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

A handwritten signature in black ink that reads "Lewis W. Marshall, Jr.".

Lewis W. Marshall, Jr., MD, JD
Chair,
Regional Emergency Medical Advisory Committee
of New York City

A handwritten signature in blue ink that reads "Marie Diglio".

Marie C. Diglio, EMT-P
Executive Director Operations
Regional Emergency Medical Services Council
of New York City

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

Educational Advisory: BLS Provider Administration of Intra-Nasal Naloxone

411: ALTERED MENTAL STATUS

NOTE: Emotionally disturbed patients must be presumed to have an underlying medical or traumatic condition causing an altered mental status.

Assess such patients for an underlying medical or traumatic condition causing an altered mental status and treat as necessary.

1. Assess the situation for potential or actual danger and establish a safe zone, if necessary.

NOTE: All suicidal or violent threats or gestures must be taken seriously. These patients should be in police custody if they pose a danger to themselves and/or others.

2. If an underlying medical or traumatic condition causing an altered mental status is not apparent; the patient is fully conscious, alert, and able to communicate; and an emotional disturbance is suspected, see Protocol #430.
3. Monitor the airway.
4. Administer oxygen.

NOTE: **IF OVERDOSE IS SUSPECTED, USE HIGH FLOW OXYGEN.**

5. Request Advanced Life Support assistance, if appropriate.
6. **If an overdose is strongly suspected, and the patient's respiratory rate is less than 10/minute, administer intra-nasal (IN) Naloxone, if available, 2mg/2ml via mucosal atomizer device (MAD). Administer 1mg naloxone in each nostril.**

a. Contraindications:

- i. **Cardiopulmonary Arrest,**
- ii. **Active seizure,**
- iii. **Pediatric patients,**
- iv. **Therapeutic opiate use through a physician prescription,**
- v. **Evidence of nasal trauma, nasal obstruction and/or epistaxis.**

7. **If after 5 minutes, there is no improvement, administer a repeat dose of 2mg/2ml naloxone, via mucosal atomizer device (MAD). Administer 1mg naloxone in each nostril.**

8. If the patient is conscious, is able to swallow, and is able to drink without assistance, provide a glucose solution, fruit juice, or non-diet soda by mouth.
 - a. Do **not** give oral solutions to unconscious patients.
 - b. Do **not** give oral solutions to patients with head injuries.
9. Transport.
10. Assess and monitor the Glasgow Coma score. (See Appendix E.)
 - a. Do **not** delay transport.

Mandatory Quality Assurance Component

For every administration of intra-nasal (IN) Naloxone, the ACR/PCR documentation must be reviewed by the service medical director, who is then responsible for forwarding a copy of the ACR/PCR to the NYC REMAC for system-wide QA purposes. Patient specific identifiers can be omitted. This QA component is effective immediately.

For the purposes of patient confidentiality, copies of the ACR/PCR can be mailed to: The Regional EMS Council of NYC, 475 Riverside Drive, Suite 1929, New York, New York 10115. Please label the envelope "Confidential QA".