

# **FINGER LAKES REGIONAL EMS COUNCIL, INC.**



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**EMERGENCY MEDICAL SERVICES**  
*in affiliation with Finger Lakes Community College*

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BLS Naloxone Administration

**Agency Letter of Intent for Participation in the BLS Naloxone Program**

We the members of \_\_\_\_\_ hereby request permission to participate in the Finger Lakes Regional EMS Council BLS Naloxone Administration Program

We agree to abide by the following.

1. All providers will complete the Naloxone Administration Training Material.
2. All agency and personnel must follow all policies, procedures and protocols set forth by the Finger Lakes REMAC and New York State.
3. Our agency will provide and document annual BLS Naloxone updates with competency skill testing for all active providers.
4. Our agency agrees to participate in the Regional Quality Improvement Program. All Calls in which IN Naloxone are administered must be reviewed by the agency Medical Director. A copy of the PCR must be sent to Finger Lakes Program Agency within 24 hours.
5. If your agency, or one of your personnel disregards these guidelines and/or other applicable protocols, the privileges of providing pre-hospital Naloxone treatment may be revoked or suspended by the REMAC
6. Any changes to the Required Agency Information will be reported to FLREMSC within 30 business days.

The signatures below certify that the above conditions will be maintained and that we will be responsible for all aspects of participation in this regional program.

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Agency Officer

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Agency Medical Director

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## **Medical Director Statement of Agreement**

I hereby agree to serve as the Medical Director for:

\_\_\_\_\_.

I understand that all patient care will be provided under my license, in accordance with NYS and Finger Lakes Regional EMS Council REMAC protocols and training guidelines, except in cases of gross negligence resulting injury or death.

### **Upon Signing this document I agree to:**

Provide and/or assist with annual Naloxone in-service/updates and training

Annually renew the Naloxone agreement with this agency

Participate in QI, and review all calls in which Naloxone was administered and any other calls as necessary

Provide medical leadership

Act as a resource for continuing education

Remain familiar with regional and NYS State BLS protocols

If I have any questions concerning my responsibilities I will contact the Finger Lakes Regional EMS Council REMAC.

MD Signature: \_\_\_\_\_

MD Name printed: \_\_\_\_\_

Date: \_\_\_\_\_

BLS Naloxone Administration

**Required Agency Information (Please Print Legibly)**

Agency Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zipcode \_\_\_\_\_

1. Designated representative responsible for the BLS Naloxone Administration Program:

Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

2. Agency Officer In Charge:

Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

3. Agency Medical Director:

Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

4. Agency QI Coordinator: (Cannot be FLREMSC)

Name: : \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

### BLS Naloxone Administration

5. We will receive Overdose Prevention Rescue Kits from:
  
6. Naloxone will be stored in the agency's station in the following manner:
  
7. Naloxone will be carried and secured on the ambulance(s) in the following manner:
  
8. The following ALS agencies will be called for intercept:

Must be completed by Non-transporting Agencies Only:

9. Primary transporting ambulance service:

Name: \_\_\_\_\_

## BLS Naloxone Administration

### **Equipment List**

The following minimum equipment should be carried on every BLS unit:

An Intranasal Naloxone Kit that contains the following:

- A. Two (2) naloxone hydrochloride pre-filled pre-filled Luer-Lock (Needless) Syringes containing 2mg/ml
- B. Two (2) mucosal atomization devices (MAD)
- C. One (1) container for security/storage

### **BLS Administration of Naloxone to Reverse Opioid Overdose Frequently Asked Questions**

- 1. What is the reporting or follow-up process after we administer the medication?**  
After you give a dose of the Naloxone please complete the BLS Naloxone QI Form and submit it to the Finger Lakes Regional EMS Council Program Agency office.
- 2. Is there CME credit available for this training program?**  
CME credits will be awarded for completion of the regionally approved training that has been presented by one of the region's CICs

## **Naloxone (Narcan®)**

### **Class**

Synthetic Opioid antagonist

### **Description**

Naloxone is a competitive narcotic antagonist used in the management and reversal of overdoses caused by narcotics and synthetic narcotic agents. Unlike other narcotic antagonists, which do not completely inhibit the analgesic properties of opiates, naloxone antagonizes all actions of morphine.

### **Onset and Duration**

Onset:            Within 2 minutes  
Duration:        30-60 minutes

### **Indications:**

1. For the partial or complete reversal of CNS and respiratory depression induced by opioids:
  - a. Narcotic agonist:
    - Morphine sulfate
    - Heroin
    - Hydromorphone (Dilaudid)
    - Methadone
    - Meperidine (Demerol)
    - Paregoric
    - Fentanyl citrate (Sublimaze)
    - Oxycodone (Percodan)
    - Codeine
    - Propoxyphene (Darvon)
  - b. Narcotic agonist and antagonist
    - Butorphanol tartrate (Stadol)
    - Pentazocine (Talwin)
    - Nalbuphine (Nubain)
2. Decreased level of consciousness

## **Contraindications**

Hypersensitivity

Use with caution in narcotic dependent patients who may experience withdrawal syndrome (including neonates of narcotic dependent mothers)

## **Adverse Reactions**

Tachycardia

Hypertension

Hypotension

Cardiac dysrhythmias

Seizures

Nausea and vomiting

Diaphoresis

## **How Supplied**

2mg/ml, prefilled syringe without needle

Mucosal Atomizer Device (MAD) purchased separately

## **Protocol – CFR and EMT**

M-2 Altered Mental Status with Suspected Narcotic Overdose

## **Special Considerations**

Pregnancy Safety: Category B

May not reverse hypotension

Caution should be exercised when administering Naloxone to narcotic addicts (may precipitate withdrawal with hypertension, tachycardia and violent behavior)