

Region of Waterloo Paramedic Services

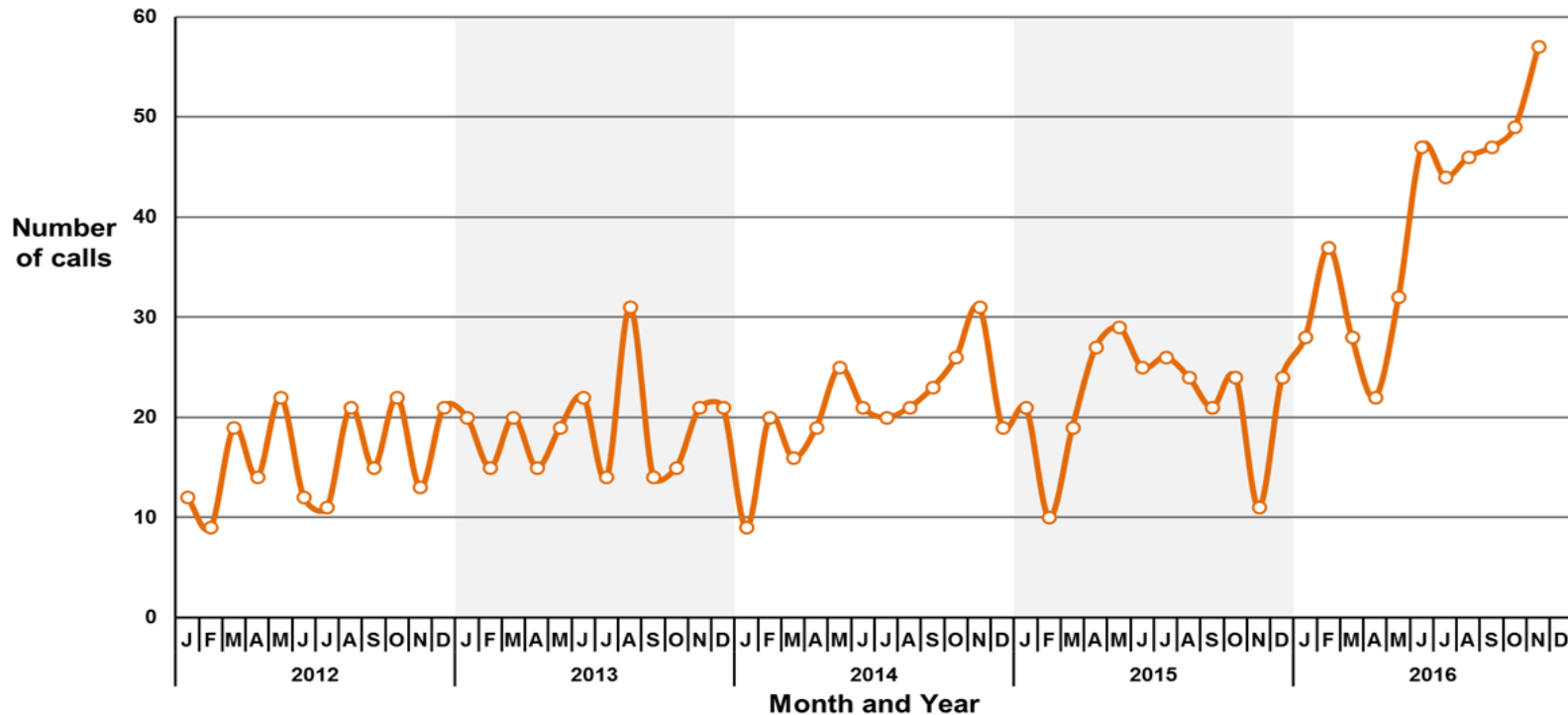
Opioid & Naloxone Experience



Deputy Chief Robert Crossan

The Scope of the Issue From our Lens

Opioid related overdose calls, Waterloo Region 2013-2016



Paramedic Management of the Opioid OD Patient

- **#1 Priority on arrival... Responder Safety**
 - Needles, weapons, scared/anxious bystanders
- **Patient Assessment**
 - Conscious? Pulse? Airway? Breathing? History?
 - Suspect Opioid?- Pupils...



Opiate use or overdose is one of the most common causes of pinpoint pupils.

Paramedic Management of the opioid OD Patient

- Priorities with Opioid OD
 - clear airway
 - Adequate oxygenation; stimulate, O₂ or Ventilate
 - Full assessment for trauma, glucose, ? Patches?
 - Begin moving to vehicle if able to manage resps.
 - Consider naloxone- Mandatory to "patch"
 - Enough naloxone to stimulate breathing only
not consciousness, often <0.4mg

To a Paramedic giving Naloxone...Less is More!

Risks Associated with Naloxone

- I. Vomiting- airway compromise and aspiration
- II. Seizure
- III. Naloxone wearing off before opioid, relapse
- IV. Potential cardiac arrhythmias and pulmonary edema
- V. Leaving/refusing treatment
- VI. Violence



Risks Associated with Naloxone

- For laypersons, the benefits of naloxone far outweigh the risks. No ability to safely ventilate or transport to hospital.
- Treating with stimulation, ventilation & monitoring is generally effective for those who have the ability.
- Of the 57 Opioid OD's in Waterloo Region in November 2016, paramedics treated with naloxone 14 times, or 28% of the time.



Final Thought

“If they’re lethargic and hard to arouse, but still breathing effectively, it’s not an overdose. It’s a *dose*.”

Unknown Boston EMS Paramedic

Questions???

