**Opioid Overdose Response**

**History**
- Ingestion or suspected ingestion of an opioid
- Substance ingested, route, quantity
- Time of ingestion
- Reason (suicidal, accidental, criminal)
- Available medications in home
- Past medical history, medications

**Signs and Symptoms**
- Mental status changes
- Decreased respiratory rate
- Nausea/Vomiting
- Sweating
- Joint aches
- Agitation
- Tremor
- Insomnia

**Exclusion Criteria**
- Buprenorphine allergy or hypersensitivity
- Currently on MAT medication
- Methadone
- Severe respiratory insufficiency
- Severe hepatic insufficiency
- Acute alcoholism or delirium tremens
- Acute mental health problems
- Recent head injury/loss of consciousness
- Breast feeding
- Children < 16 years of age

1. **911 Call is received for an overdose**
2. **EMS**
   - First responders and Law Enforcement respond and The Community Paramedic is notified
3. **Overdose/Toxic Ingestion w/ Opioid Overdose Protocol TE 7**
4. **Notify PEER Support Specialist**
5. **If Appropriate & GCS 15 Offer MAT (COWS Score greater than 8)**
6. **Ondansetron 4.0 mg SL**
7. **Patient presents with Nausea and/or Vomiting**
8. **Medical & Psychiatric Clearance**
9. **Patient presents with Opioid withdrawal Symptoms with or without Naloxone Administration**
10. **Notify PEER Support Specialist**
11. **Patients Signs Release of Information**
12. **Yes**
13. **Patient signs a consent for buprenorphine**
14. **4 mg buprenorphine SL**
15. **Reassess after 45-60 minutes clinical signs of withdrawal present**
16. **Yes**
17. **Administer additional 4 mg buprenorphine SL**
18. **When possible Leave Naloxone Kit With family/Associate**
19. **• Crisis Brochure**
20. **• Harm Reduction Info**
21. **• Support Foundations**
22. **Yes**
23. **No buprenorphine Indicated May contact Medical Director for orders**
24. **No**
25. **4 mg or total amount required initially of buprenorphine will be given once daily by the community paramedic for up to 7 days or until patient care is transferred to the appropriate MHF for treatment**

**Created**
05/13/2019

This protocol has been altered from the original NCCEP Protocol by the local EMS Medical Director
Opioid Overdose Response

Use C.O.W.S assessment to determine the severity of the withdraw. If the score is greater than 8 buprenorphine is indicated.

- **Recommended Exam**: Mental Status, Skin, HEENT, Heart, Lungs, Abdomen, Extremities, Neuro
- **Opioids and opiates may require higher doses of Naloxone to improve respiration, in certain circumstances up to 10 mg.**
- **Contact the EMS Medical Director for NC opiate prescription database review within 24 hours**
- **Time of Ingestion**:
  1. Most important aspect is the **TIME OF INGESTION** and the substance and amount ingested and any co-ingestants.
  2. Every effort should be made to elicit this information before leaving the scene.

- All components of the Behavioral Health Assessment must be completed along with a physical assessment.
- Ensure patient does not have a history of an adverse reaction to Buprenorphine and is on no other Medication Assisted Treatment medications.
- **COWS**: Clinical Opiate Withdrawal Scale
  A COWS must be completed prior to each dose. The Clinical Opiate Withdrawal Scale (COWS) is designed to be administered by a clinician to reproducibly rate common signs and symptoms of opiate withdrawal and monitor these symptoms over time. The summed score for the complete scale can be used to help clinicians determine the stage or severity of opiate withdrawal and assess the level of physical dependence on opioids.
  - The goal of induction is to safely suppress opioid withdrawal as rapidly as possible with adequate doses of Buprenorphine. Failure to do so may cause patients to use opioids or other medications to alleviate opioid withdrawal symptoms or may lead to early treatment dropout.
  - The induction begins by assessing last use of all opioids, short and long acting, objective and subjective symptoms and a COWS score calculation. If not in sufficient withdrawal (mild to moderate: COWS of 5 to 24), it is in the patient’s best interest to wait unless an overdose was experienced.
  - A daily log sheet must completed each day a dose is given up to 7 days.
  - Health care professionals should take actions and precautions and develop a treatment plan when buprenorphine is used in combination with benzodiazepines or other CNS depressants. These include:
    - Educating patients about the serious risks of combined use, including overdose and death, that can occur with CNS depressants even when used as prescribed, as well as when used illicitly.
    - Developing strategies to manage the use of prescribed or illicit benzodiazepines or other CNS depressants when starting MAT.
    - Recognizing that patients may require MAT medications indefinitely and their use should continue for as long as patients are benefiting and their use contributes to the intended treatment goals.
    - Coordinating care to ensure long term MAT treatment is provided and provider is aware of the benzodiazepines or other CNS depressants being used.