



Emergency Medical Technician Psychomotor Examination

Naloxone Administration

Attempt:
#1 _____
#2 _____
#3 _____

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

Pt. Presentation: You have a non-responsive, suspected opioid overdose patient with a respiratory rate of 6 breaths per minute. PASS / FAIL

GENERAL DISCUSSION

What are your initial interventions?

Position Airway / Suction, as needed / BVM Ventilation at 1 breath every 6 seconds

What are the indications for use of Naloxone?

States all appropriate indications for medication use

Are there any absolute contraindications for the use of Naloxone?

States "No"

States the actions of Naloxone

☐ Displaces narcotics from opiate receptor sites

☐ Reverses respiratory depression, sedation, and pupillary effects of narcotics

State at least 3 possible adverse effects of Naloxone

(Check actions stated by candidate) ☐ Tachycardia ☐ Hypertension ☐ Anxiety ☐ Seizures
☐ Pupillary dilation ☐ Behavioral changes ☐ Nausea / Vomiting

HIGH CONCENTRATION NASAL SPRAY:

What are the 6-rights for medication administration?

States 6-Rights (Patient, Medication, Time, Route, Dosage (4.0mg), Documentation)

What is DICCE?

States DICCE (Drug, Integrity, Clarity, Concentration (4.0mg / 0.1ml), Expiration Date)

Which nostril do you administer the device?

Choose most appropriate nostril (largest and least deviated or obstructed)

Inserts device into nostril and briskly depresses the plunger

What is the appropriate waste container for this device?

Standard trash can or sharps container

What is the desired effect to the patient?

Reversal of Opioid induced respiratory depression

What is the repeat dose and time interval, if any?

4.0 mg 1 time in 3 minutes

NASAL PRELOAD WITH ATOMIZER

Assembles medication preload and atomizer

What are the 6-rights for medication administration?

States 6-Rights (Patient, Medication, Time, Route, Dosage(2.0mg), Documentation)

What is DICCE?

States DICCE (Drug, Integrity, Clarity, Concentration(2.0mg / 2.0ml), Expiration Date)

Inserts device into nostril and briskly depresses the plunger, administering no more than 1ml per nostril

Disposes of device in sharps container

What is the desired effect to the patient?

Reversal of Opioid induced respiratory depression

What is the repeat dose and time interval, if any?

2.0 mg 1 time in 3 minutes

INTRAMUSCULAR INJECTION	
What is the appropriate device and needle for administration	
Naloxone Preload with 25g needle	
Assembles preload device and needle	
What are the 6-rights for medication administration?	
States 6-Rights (Patient, Medication, Time, Route, Dosage(2.0 mg), Documentation)	
What is DICCE?	
States DICCE (Drug, Integrity, Clarity, Concentration (2.0mg / 2.0ml), Expiration Date)	
Demonstrate appropriate IM injection	
Identifies and cleanses appropriate injection site	
Stretches skin, warns patient, and inserts needle at 90°angle while maintaining asepsis	
Removes needle from patient and disposes of syringe, needle, and vial in sharps container	
Applies direct pressure to site	
Covers puncture site with an adhesive bandage	
What is the desired effect to the patient?	
Reversal of Opioid induced respiratory depression	
What is the repeat dose and time interval, if any?	
2.0 mg 1 time in 3 minutes	

You must factually document your rationale for checking any of the above critical items on this form.

CANDIDATE MUST BE SUCCESSFUL IN ALL STEPS OF SELECTED METHOD OF DELIVERY IN ORDER TO PASS SKILL STATION

Performance Objectives

Demonstrate competency in recognizing the indications, contraindications, and criteria for administering Naloxone to a patient with inadequate ventilations secondary to a suspected opiate overdose.

Equipment

- PPE (eye protection, masks, gown, gloves, etc.) Can use an image of PPE in place of actual items
- Adult or pediatric manikin and an IM injection pad
- Suction device
- Oxygen delivery devices / BVM
- Oxygen cylinder with regulator
- High concentration nasal spray
- Nasal preload with atomizer
- Multiple size syringes (1mL, 3mL, 5mL, 10mL)
- Multiple size needles (21g, 23g, 25g, 27g)
- Simulated Naloxone vial
- Alcohol prep
- Sharps container

Key Concepts

- **Personal protective equipment**
 - Gloves, goggles
- **Situational Awareness**
 - Use caution when approaching patient and interacting with the scene to avoid the possibility of needle sticks
 - Continue to monitor patient post administration; may need additional ventilatory support as the duration of some opioids exceed that of Naloxone.
- **6 rights of medication administration**
 - All medication administration follows the 6 rights at all levels of medical care.
- **DICCE**
 - Only administer if the solution is clear and not expired.
 - Discolored solutions or the presence of particulates may indicate vial compromise or contamination
- **Airway & Ventilation**
 - Maintain adequate airway and ventilatory support at all times.
 - Resume ventilations following medication administration.
 - Suction airway as needed.
 - Ventilate one (1) breath every six (6) seconds until patient is breathing on their own.
- **High Concentration Nasal Spray**
 - 4mg / 0.1 ml concentration
 - Insert into larger nostril until base of stem touches nostril
 - Depress plunger to administer medication
- **Nasal Preload with Medication Atomization Device (MAD)**
 - Make sure preload is secured to the atomizer
 - Place the head in a neutral position
 - Push firmly and gently in the nostril
 - Briskly administer 1ml per nostril to minimize medication flowing into the mouth
- **Vial Draw Intramuscular injection**
 - Only draw up the amount needed for the patient dosing. DO NOT draw up multiple doses at one time.
 - Draw up slightly more than a single dose. Expel any air and excess medication from the syringe/needle while advancing the plunger to the desired volume marker.
 - Dispose of needle used to draw up medication in sharps container, avoiding needle stick
 - Appropriate Injection Site: Deltoid
 - Pull back the plunger slightly to check for blood. If you see blood, you're in a vein—do not inject. If no blood appears, it's safe to proceed with the injection.