Opioid Toxicity Guideline

Inclusion

Suspected opioid toxicity with altered mental status & respiratory depression or apnea

Exclusion

Suspected opioid ingestion with normal respirations

BLS

Pre-Decon

Supportive Care:
- BVM ventilation or supraglottic airway, if necessary

Antidote:
- Naloxone 0.1 mg/kg, IN or IM (up to 4 mg)
- May repeat 1x, if not effective after 3 – 4 minutes

Decon

- Decon is rarely indicated in opioid toxicity, unless there is skin or mucous membrane contamination with a powdered substance, which should be removed with Dry-Wet-Dry™ decon.
- Do not use alcohol-based skin cleansers because they increase the absorption of fentanyl contaminants through the skin.
- The specific decon required should be determined by the Incident Commander (IC) or their designee.

ALS

Post-Decon

Supportive Care:
- High flow O_2 via non-rebreather reservoir mask, and, if needed, provide ventilation using BVM & consider airway management.
- Vital signs, primary & secondary surveys, insert IV/IO, apply cardiac monitor
- Dysrhythmias: Treat per ACLS guidelines

Antidote:
- Repeat naloxone 0.1 mg/kg (up to 4 mg), IV, IO, IN, or IM, as needed to prevent apnea.

Special Note:

- Examples of extended release or long-acting opioids
  - Oxycodone extended release (OxyContin)
  - Morphine sulfate extended release (MS Contin)
  - Methadone (Dolophine)

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