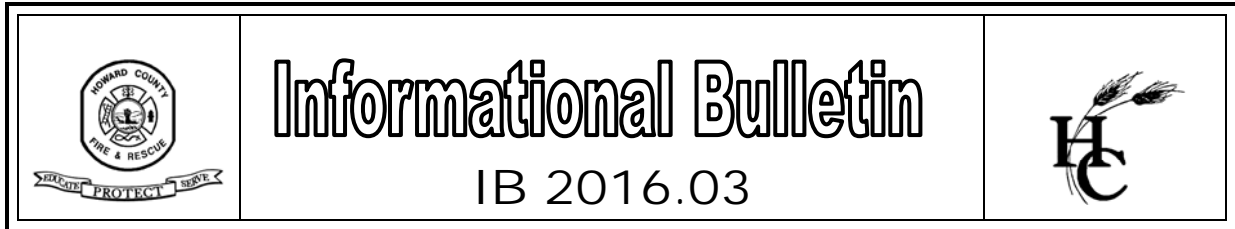


DEPARTMENT OF FIRE AND RESCUE SERVICES



Originating From	Issue Date	Expiration Date
Office of the Medical Director	4/22/16	

SUBJECT: Overdose Cases involving Naltrexone
APPLICABILITY: All personnel

OMD has been made aware of recent heroin overdose cases involving patients taking a drug called Naltrexone...

Quick Summary: If you are treating a symptomatic opiate overdose patient and learn that the patient is taking Naltrexone, they have likely ingested a dangerous amount of heroin/other opiate. These patients may require significant doses of Narcan (naloxone). Be prepared to consult for additional doses of naloxone.

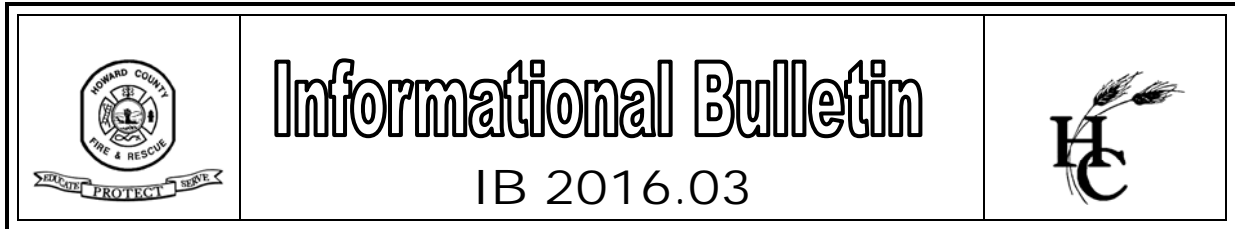
Naltrexone is a competitive opioid receptor antagonist that acts at the μ and κ opioid receptors by blocking the euphoric effects of exogenous administered opioids. As a result, Naltrexone prevents the brain from receiving pleasure signals associated with taking narcotics (In other words, it prevents the “high” from working). Because it blocks the opioid receptors, naltrexone prevents the body from responding to opiates. The drug also appears to work similarly for alcohol, though the mechanism is not clear.

There are two clinical situations EMS providers should be familiar with:

1. There have been cases of individuals who are on naltrexone who have attempted to use heroin. Given the receptor-blocking properties of naltrexone, significantly greater (potentially lethal) doses of an opiate are required to achieve the desired high/pleasure associated with drug use. If the patient has ingested heroin or other opiate drugs while on naltrexone and is symptomatic, they may require multiple doses of naloxone. Providers should be prepared to consult for additional naloxone doses.
2. If someone were to take naltrexone and had recently ingested heroin or opiates, it would result in an acute block of opioid receptors and precipitate a severe opioid withdrawal reaction. Symptoms include confusion, agitation, hallucinations, sweating, tachycardia, abdominal pain, and episodes of profuse vomiting and/or diarrhea, which may result in significant fluid losses. Some patients may become extremely agitated and possibly violent. Management is supportive with sedation (benzodiazepines), antiemetics (zofran) and intravenous fluids.

As in all emergency medical calls, a thorough patient assessment including obtaining as much history as possible is essential. When prescribed this medication, patients are usually given a card to keep on their person stating that they are on this medication.

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Extreme caution should be used regarding patient refusals after Narcan (naloxone) is administered. Given the short half-life of naloxone, these patients need to be observed for recurrence of symptoms when the naloxone wears off. Online medical consultation and involvement of the MDO should occur in persons wishing to refuse.

Please feel free to contact OMD with any questions or concerns. Special thanks to FF/P Colburn, Steve 7A for bringing the issue of naltrexone to attention.