
Naloxone Leave Behind Protocol (Optional)

MCA Selection for Naloxone Leave Behind Protocol


MFR EMT EMT/S Paramedic

I. Indications

- A. Patients over age 18 who have received naloxone **and** had improvement in condition
- B. Patients over age 18 with opioid use disorder

*NOTE: Providing a naloxone kit does not preclude other treatment protocols nor the need for transportation to an emergency department. Oxygenation, ventilation, and then restoration of a patient's respiratory drive are the primary goals. Transport to an emergency department is preferred.

II. Procedure

- A. Naloxone kits should be offered to all patients who meet above indications.
- B. For patients who are transported, naloxone kits may either be provided to
 - 1. family and friends on scene OR
 - 2. to the patient when arriving at the hospital, if the patient is awake
- C. For patients who have naloxone administered and refuse transportation to the emergency department, contact medical control. 

Patient may not:

- a. Have sustained altered mental status
- b. Have intentionally overdosed
- c. Have any suicidal/homicidal ideations or thoughts of self-harm
- D. If medical control authorizes the refusal, document the name of the facility and physician in the PCR
- E. Provide a naloxone kit to patient or family/friends on scene, if accepted
- F. Document in PCR administration of kit
- G. Other possible offerings when administering a kit:

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Michigan PROCEDURES

Naloxone Leave Behind Protocol (Optional)

Initial Date:
Revised Date:

Section 7-x

1. Offer to properly dispose of any used needles following your agency policy
 2. Refer to a community peer support team, if available
 3. Provide literature outlining resources for Opioid Use Disorder or Substance Use Disorder treatment programs in the community
- III. For patients who have not suffered an acute overdose AND are willing to accept treatment for Opioid Use Disorder or Substance Use Disorder, the following may be offered if available:
- A. Alternate destination according to MCA approval (including inpatient or outpatient treatment facilities)
 - B. Mobile crisis teams
 - C. Other local treatment options

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