



Westchester Regional Emergency Medical Advisory Committee
BLS Intranasal Naloxone (Narcan®) Skill Confirmation

Name

Provider Information:

Type (Check one)

EMT

CFR / EMR

NYSDOH #

Pass _____

Fail _____

Training Officer _____ Initials _____

Date _____ Start Time _____ Stop Time _____

	Possible	Awarded	Comments
Assure a safe scene	C		
Body Substance Isolation	C		
Consider Additional Resources	1		
Perform Primary Assessment and obtain baseline mental status, pupil size and respiratory rate/effort	C		
Verbalize signs of opioid overdose and at least 3 opioid medications or drugs	3		
Verbalize at least 2 exclusion criteria	2		
Assemble medication syringe to MAD device	1		
Deliver correct dose of Naloxone	C		
Reassess vital signs	1		
Treat associated s/s accordingly	1		
Completes the station within 5 minute time limit	C		

Note: BLS Provider must complete all critical criteria and receive at least 7 points to pass this station. Skill sheet and documentation of on-line video completion are to be maintained at the agency level.



Westchester Regional Emergency Medical Advisory Committee
BLS Intranasal Naloxone (Narcan®) Skill Confirmation

Benchmark Guidelines for Training Officer Evaluation – Inhalation Naloxone

	Possible	Awarded	Comments
Scene safety, consider police, consider humane restraint if patient combative	C		Addressing concerns that overdose may be other-than-opioid, and to reaffirm provider safety
Gloves, consider face shield	C		Gloves at a minimum, face shield for likelihood of vomiting and / or positive pressure ventilations
Law enforcement, ALS	1		Resources for consideration
Assure ABCs, determine depressed RR, respiratory arrest, constricted pupils, altered mental status	C		Addressing ability to access for respiratory depression versus respiratory arrest, or cardio-pulmonary arrest, and to assure right patient/right drug
Recall signs of opioid overdose, award points if stated above, heroin, morphine, dilaudid, methadone, demerol, paregoric, fentanyl, oxycodone, codeine, darvon	3		Addressing the reinforcement of s/s of opioid overdose and the types of medications / drugs that are classified as opioids.
Recall at least 2 exclusion criteria, cardiac arrest, pediatric patient, evidence of nasal trauma, nasal obstruction and/or epistaxis, seizure activity during event, therapeutic opiate use through physician prescription	2		Addressing the exclusion criteria for Naloxone administration
Check drug, date, dose, correctly attach MAD to prefilled syringe	1		To ensure the medication is in date, and properly attach the mucosal atomizer device to the luer-lock prefilled syringe
1 mg /1 ml in each nostril	C		To reinforce ability to measure and administer correct dose
Reassess vital signs	1		Look for increases in respiratory rate and mental status
Hi flow O2 if breathing, PPV if respiratory depression/arrest, manage vomiting if indicated	1		Provide appropriate supportive care
Completes the station within 5 minute time limit	C		Ensure familiarity with subject material in a timely fashion