

## **TRAINING CURRICULUM**

# **Naloxone Endorsement**

### **Lesson Plan for the EMR and EMT**

### **Montana Department of Labor Board of Medical Examiners**

The purpose of the Naloxone Endorsement for EMR and EMT is to provide the ECP with the knowledge and skills to identify potential narcotic overdose, administer Naloxone (in a variety of available forms), evaluate the patients overall condition, pass patient information on to the transporting entity, receiving facility, or medical control and continue management of the patients' needs while either waiting for transport or during transport. Patient care should always be based on patient presentation and Montana Prehospital Treatment Protocols.

## INTRODUCTION

This Lesson Plan includes the material which the Naloxone Endorsement student will need to know in order to successfully receive the Naloxone Endorsement.

At the start of each lesson is a list of the objectives which the Naloxone Endorsement student must master in order to have the knowledge and skills necessary to progress through that lesson. Following the list of objectives for the lesson is an outline of the material which must be covered in order to satisfy the objectives. It is up to the medical director to determine if review of the remaining objectives is necessary in order for the students in a particular course to have mastery of all of the objectives of the lesson.

At the end of each module, the medical director will provide a practical lab. The practical labs may, at the discretion of the medical director, be given at the end of each module or interspersed as each skill is learned. In some instances, material which should have been covered in a previous course has been included in the outline where it was thought necessary for review, to clarify other material, or in order to make the lesson plan "flow".

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If you have any questions regarding the content or intent of the Naloxone Endorsement Lesson Plan, please contact the Montana Board of Medical Examiners.

## **FORWARD**

The Montana Board of Medical Examiners (BOME) developed the ECP endorsement process to provide the local EMS medical director the ability to expand the individual ECP scope of practice. The BOME has defined the "maximum allowable" skills for each endorsement and established statewide protocols. The endorsement process consists of education and verification.

The local EMS medical director is responsible for verifying an ECP's knowledge and skills for a particular endorsement. This can be accomplished via a training program; or the medical director may take into account an ECP's previous education, skill ability or other personal knowledge to determine whether an ECP meets the endorsement knowledge and skill

requirements. The local medical director is responsible for the quality of all endorsement training via direct participation and/or oversight.

The medical director cannot exceed the scope of the endorsement, but may set limits on the ambulance service or the individual ECP.

The endorsement material that follows provides the knowledge and psychomotor objectives at the specific endorsement level. Some endorsements may also include sample lesson plans for use in presenting the material. The endorsements (specifically at the AEMT and Paramedic levels) may be non-specific in certain areas (such as specific medications or routes of administration) as the Board does not intend to “practice medicine”. The medical director “practices medicine” and has the ability to determine the specifics concerning the endorsement. The Board approved protocols define the extent of the local medical directors flexibility: *“...The Board authorizes the service medical director to use the Board approved protocols in their entirety or may determine to limit individual EMT providers function / practice where appropriate and in accordance with provider’s abilities. However, the service medical director may not significantly alter (change the performance expectations of the ECP) or expand approved Board protocols without first seeking Board of Medical Examiners approval.”* If the medical director wishes to request the Board to “significantly alter” the protocol there is a process identified in the rules for that to occur.

The Lead Instructor must remember the endorsement process is a privilege granted to a Montana licensed ECP. Endorsement education can only be offered to Montana ECP licensees; therefore, the Lead Instructor may not combine initial ECP education. The endorsement education must be done independently of the initial program.

The endorsement process requires that the medical director complete a standardized “verification form” (certificate of completion) documenting that an individual ECP has the knowledge and skills identified at the specific endorsement level. The individual ECP then submits an application to the Board to establish the endorsement on their license. The medical director then has the option of granting permission to the individual ECP to perform the endorsement to the extent defined by the medical director. All forms and endorsement materials can be obtained from the web site; [www.emt.mt.gov](http://www.emt.mt.gov). Any questions or concerns can be addressed to Ken Threet at (406) 841-2359 or [kthreet@mt.gov](mailto:kthreet@mt.gov).

## **Naloxone**

### **COGNITIVE OBJECTIVES**

At the completion of this lesson, the Naloxone Endorsement student will be able to:  
Recognize signs and symptoms of opiate overdose  
Initiate appropriate treatments and interventions

### **AFFECTIVE OBJECTIVES**

At the completion of this lesson, the Naloxone Endorsement student will be able to:  
Explain the rationale for administering Naloxone to help reduce fatalities due to opiate overdoses.

### **PSYCHOMOTOR OBJECTIVES**

At the completion of this lesson, the Naloxone Endorsement student will be able to:  
Assure the student can adequately ventilate a patient who is either having difficulty or not breathing due to a suspected opiate overdose  
Demonstrate the correct method to assemble the nasal narcan delivery device  
Demonstrate the correct method to successfully administer appropriate dosing of Narcan

### **RECOMMENDED MINIMUM**

**TIME TO COMPLETE:** Minimum of one hour which combines part Lecture overview and part Skills Practice.

### **EQUIPMENT:**

BVM, or other ventilation devices available to ECP  
Manikin capable of being ventilated  
Various Naloxone delivery devices (including but not limited to pre-loaded syringes, Nasal delivery devices and MAD devices)

### **OVERVIEW:**

Emphasize to the ECP the importance of airway and ventilation support

Narcan®/Naloxone has been used in emergency rooms and EMS for more than forty years as an antidote for opiate overdoses.

Naloxone is an opiate antagonist which reverses opiate overdoses  
Some commonly abused opiates are:

- Heroin
- Oxycontin
- Percocet
- Vicodin
- Methadone
- Morphine

Naloxone kicks opiates out of the brain by blocking certain receptor sites

Naloxone occupies the receptor sites and prevents opiates from binding to the brain.

Naloxone in conjunction with rescue breathing has lifesaving potential

Naloxone has no potential for abuse

Naloxone is not in the DEA schedule of drug classes, yet requires a prescription

Naloxone has no other purpose besides reversing an opiate related overdose

Naloxone has no mind altering effects

One possible effect is the individual may become dope sick (withdrawal)

Naloxone is specific, safe, and effective