

**September 13, 2016**

**TO:** All Kern County Accredited Paramedics and MICNs

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**SUBJECT: Patient Care Directive for All Kern County Paramedics**

Recently, in several U.S. states, a large increase of opioid overdoses has been seen. This increase has been attributed to Heroin being mixed with Carfentanil also known as Wildnil. This drug is a schedule II narcotic that is an analog of fentanyl and used as a large animal sedative.

Carfentanil is 10,000 times more potent than Morphine. Carfentanil with Heroin has an increased respiratory depression component and may be very resistant to standard dosing regimens of Naloxone. Higher dosing and repeated dosing of Naloxone may be required to restore these patient's respiratory drive. Some reports are indicating doses as high as 6-8 mg per patient.

If a patient presents as a possible opioid overdose but does not immediately respond to initial Naloxone administration, rule out other treatable causes and consider repeat doses to a maximum total of 8 MG. Advanced airways may need to be considered. Ensure ventilatory support via BVM while patient is being treated with Naloxone. Make base contact at the earliest opportunity for guidance if a suspected narcotic overdose patient is not responding to therapy. Naloxone should not be considered the antidote to cardiac arrest. Enter the appropriate algorithm for any patient in cardiac arrest.

If you have questions, please contact the Division at (661) 321-3000