ADULT SUSPECTED OR KNOWN OPIOID EMERGENCY

Suspected or known opioid emergency

Responsive?

YES → Consider **naloxone**

NO

Call for help and additional resources
- EMS, rapid response or resuscitation team
- AED/defibrillator and naloxone

Breathing and pulse?

Breathing normally
Pulse present

Consider **naloxone**

If not already done:
- Perform **primary assessment** and emergent/initial interventions
- Position patient as appropriate for clinical condition
- Perform **secondary assessment** as patient condition allows

- **Reassess** patient
- **Recognize** issues
- Provide **care** as needed

Not breathing
(or only gasping breaths)
No pulse

Cardiac Arrest

- Begin **CPR** immediately following the **Adult Cardiac Arrest** code card
- Optimize oxygenation and ventilation
- Administer **naloxone** if available

Not breathing
(or ineffective ventilation)
Pulse present

Respiratory arrest / Respiratory failure

- Ensure adequate airway
- Support oxygenation and ventilation as needed
  - Deliver 1 ventilation every 6 seconds

Administer **naloxone** as soon as available

- Reassess responsiveness and breathing every 2 min
- Administer additional dose(s) of naloxone as needed. Repeat dosing every 2 to 3 min as needed

If not already done:
- Perform **primary assessment** and emergent/initial interventions
- Position patient as appropriate for clinical condition
- Perform **secondary assessment** as patient condition allows

- **Reassess** patient
- **Recognize** issues
- Provide **care** as needed

Goals of Care

- Prioritize CPR over naloxone
- Monitor for 4 to 6 hours after last dose of naloxone
- Longer observation may be needed if suspended release or long-acting opioid suspected

Medication

Naloxone
- 2 to 4 mg IN
- 0.4 to 2 mg IV/IO/IM/SC
- Repeat every 2 to 3 min as needed

Copyright ©2025 The American National Red Cross