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Title: Paramedic-based naloxone distribution

Background: Patients with opioid abuse require naloxone in the setting of overdose, which has to be administered in a time-sensitive manner by another person. Among other factors, availability in the community limits success of bystander naloxone. Given limited funding, naloxone must be distributed in the most efficacious way.

Aims: To assess the utility of naloxone distribution by paramedics to the 911-caller (friend/family/bystander) when encountering a patient who improved with administration of naloxone.

Methods: Paramedics will dispense a kit including naloxone, atomizer, instructions (including link to YouTube video that details assembly, administration of naloxone and rescue breathing). We will contact the original caller after 3 months and ask if they had to administer the kit and compare the utility to other distribution programs (ED based, needle exchange based, etc)

Major Limitations/Questions:

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- expect significant loss to follow-up
- concern regards breach of privacy (giving the opioid antidote essential reveals the diagnosis to the caller)
- funding for naloxone kits