The AHA on Naloxone in Cardiac Arrest

In a new paper, the American Heart Association writes: “naloxone does not have a likely benefit in patients with confirmed cardiac arrest who are receiving standard resuscitation, including assisted ventilation, and there are some reasons to suspect that this practice may cause harm by increasing cerebral metabolic demand at a time of hypoxemia and acidosis...If the patient is definitely pulseless and receiving standard resuscitation, including assisted ventilation, naloxone is unlikely to be beneficial. Because there is a theoretical basis for harm, standard resuscitation alone is indicated.”

The AHA document makes a distinction for lay people and for medical responders who are unable to determine if a suspected opioid overdose patient is pulseless. In these situations, they say, “Clearly, some patients present with respiratory arrest and faint or difficult-to-palpate pulses; these patients are likely to benefit from naloxone” and “Opioid antagonism… is always reasonable and should be delivered along with CPR when it is uncertain whether the patient is pulseless.”

Bottom Line: Paramedics should not deliver naloxone to patients in confirmed cardiac arrest. It will do no good, and may cause harm. Laypeople and BLS providers should deliver naloxone to patients whose pulses they cannot feel and who they have reason to believe might have pulses. The benefits here outweigh the harms.


Stroke: BE-FAST

The Cincinnati Stroke Scale has been the bedrock of EMS stroke assessment for over two decades. Patients with two signs have a 72% percent chance of having a stroke, those with all three signs are estimated to have an 85% chance of having a stroke. Yet it is important to note that those patients who score zero (0) on the Cincinnati Stroke Scale, may still be having a stroke. EMS professionals should also consider patients with sudden balance or vision problems, particularly if these patients have stroke risk factors. According to recent research, using BE FAST (Balance, Eyes, Face, Arm, Speech, Time), which adds Balance and Eyes to the Cincinnati scale, can increase the chance of positive stroke recognition to 95%. Add Balance and Eyes to your stroke assessment and don’t forget to call in a Stroke Alert as soon as possible, preferably from the scene, after recognizing a possible stroke. In your patch don’t forget to include blood glucose and last known well time.

25 Patients: From Abdominal Pain to Ventricular Assist Devices; A Review of the State Protocols Through Case Studies
Richard Kamin, M.D.
Peter Canning, Paramedic, R.N.

(3 Hours CME)
For Questions: email Peter Canning at canning@uchc.edu

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