Antidote Anecdotes: Fire B-12 and LE Naloxone experiences in the Land of Enchantment

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Questions to consider…

1- Logistically possible w/ training, area of response, cooperating agencies?

2- Fiscally prudent and sustainable?

3- Benefits?
Today I found out...

Cyanide poisoning works by not allowing the body to use oxygen. So the blood remains oxygenated after it passes through your body and back to the lungs. Thus, it causes the body to suffocate, even though the lungs are working properly.

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CYANIDE ANTIDOTE KIT
Abstract

INTRODUCTION: This article reports the results of a retrospective study of 8 years of experience of the Paris Fire Brigade with the prehospital use of hydroxocobalamin.

METHODS: The head physician at the Paris Fire Brigade extracted and summarized data from standardized forms completed at the fire scene and, when available, hospital reports to assess survival status and clinical parameters associated with the use of hydroxocobalamin for each patient who received it for smoke inhalation-associated cyanide poisoning from 1995 to 2003.
Prospective Study of Hydroxocobalamin for Acute Cyanide Poisoning in Smoke Inhalation

Presented in part at the 2005 annual meeting of the American College of Emergency Physicians, September 2005, Washington, DC.

Stephen W. Borron, MD, Frédéric J. Baud, MD, Patrick Barriot, MD, Michel Imbert, MD, Chantal Rismuth, MD

DOI: http://dx.doi.org/10.1016/j.annemergmed.2007.01.026

Emergency Medicine News:
July 2007 - Volume 29 - Issue 7 - p 10
doi: 10.1097/01.EEM.0000285229.94962.45
Toxicology Rounds

Hydroxocobalamin Approved for Cyanide Toxicity (Finally!)

Is Hydroxocobalamin Safe and Effective for Smoke Inhalation? Searching for Guidance in the Haze

Andrew R. Erdman, MD
From Drug Safety/Development, Genentech Pharmaceutical, South San Francisco, CA.

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THE UNIVERSITY OF NEW MEXICO
INDICATION: CYANIDE POISONING

ANTIDOTE: CYANOKIT (HYDROXOCOBALAMIN)
The Flock (34 agencies)

- 21 Yes- Hydroxocobalamin
- 9 No/ 3 $$ biggest obstacle
- 4 still Na Thiosulfate
- Most on BC/Sup rigs
- 0-50 administrations
AFD Feb 2015 roll out

AFD using new device to help save victims of smoke inhalation

AFD using new device to help save victims of smoke inhalation

Updated: 02/24/2015 5:53 PM | Created: 02/24/2015 5:29 PM
By: Stuart Dyke, KOB Eyewitness News 4
AFD experience

• 2/15- just after roll out- OK!
• 10/15- Lact 19.3/CO 49.6*
• 12/15- Lact 12.7/CO 38.9*
Changing gears...
Law Enforcement
Naloxone in New Mexico

NEW MEXICO
DEPARTMENT OF
HEALTH
Drug Overdose Death Rates
New Mexico and United States, 1990-2013

Deaths per 100,000 persons

Source: United States (CDC Wonder); New Mexico (NMDOH BVRHS/SAES, 1990-1998; NM-IBIS, 1999-2013)
Total Overdose Death Rates by Type of Drug, New Mexico, 1990-2012

Source: New Mexico Office of the Medical Investigator.
Note: Groups are not mutually exclusive.
NEW MEXICO DEPARTMENT OF HEALTH
Administrative Manual

Chapter

ADMINISTRATION

EFFECTIVE:

REVISED: 4/13/9 draft

Policy

NALOXONE DISTRIBUTION POLICY

I. PURPOSE:

This New Mexico Department of Health (NMDOH) policy establishes guidelines for the dispensing of Naloxone through NMDOH Public Health Offices (PHO) and Contractors in order to reduce fatal opioid overdose as stated in Chapter 24, Article 23, Sections 24-23-1 and 24-23-2, NMSA 1978, and 7.32.7.1 through 7.32.13 NMAC, 9/13/2001.
**BCSO Overdose Response with Naloxone**

1. Determine Unresponsiveness
   - No breathing or No normal breathing

2. Advise Dispatch and
   - Send second unit for Naloxone Kit

3. Initiate BCSO CPR protocol
   - Retrieve or request AED

4. Have second unit administer
   - First vial of Naloxone

5. If unresponsiveness continues
   - Administer second vial of Naloxone

6. Continue CPR until EMS takes over
   - Or the subject starts to move

7. Hand off to EMS
   - For assessment and follow up
BCSD Naloxone experience
(Jul 15 rollout)

- 9 deployments so far, 1 almost immediately
- 4/9- NO response to Naloxone
- 5/9- restoration of normal respiration
- 1/9- cardiac arrest w/ ROSC after LE AED/CPR*

* AED/CPR: Automated External Defibrillator/Cardiopulmonary Resuscitation
Couple of questions…

1- logistical issues - training, area of response, cooperating agencies, ?

2- fiscally prudent and sustainable?

3- benefits?
Thank You

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