

You are called for a 24 year old male patient who was found unconscious by his friend. Upon your arrival, you find the patient supine on a bed, apneic, GCS of 3 with a weak carotid pulse and pinpoint pupils. Drug paraphernalia is scattered around the room. The patient's friend tells you that they had used heroin tonight. He doesn't believe the patient has a history of medical problems and doesn't think he takes any medications. Your partner initiates airway management by inserting an OPA and NPA (both are accepted) and ventilates the patient via BVM and high flow O2 noting good compliance. While your partner continues to ventilate the patient you obtain vitals, complete the physical exam and attempt to get further information from the patient's friend. Upon reassessment, your partner advises that the patient remains apneic with some noted decrease in compliance and no improvement in the SPO2 level (89%). What is your next course of action? If you said, consider naloxone administration, you are correct!

As part of your Medication Safety Cross-Check you verify the conditions, indications and contraindications for naloxone administration to the Opioid Toxicity Medical Directive. You are prompted to complete a blood glucose level check as a contraindication for naloxone administration is uncorrected hypoglycemia. CPER Quality has identified a trend of omitting a blood glucose level check with this patient presentation as well as completing the check after the administration of naloxone. "Tunnel vision" around the suspected cause of the presentation, expectations that procedures/assessments were completed, the expectation that you "know" the directive without confirming and an overall lack of communication with your partner(s), the family/bystanders and other allied professionals all inherently increase risk and result in omissions or commissions of care.

As discussed in the September 2017 CPER digest and as shown in the above example, utilization of the tools available to you (ie. medical directive book and OPCG app) and the thorough completion of your Medication Safety Cross-Check would mitigate this commission by prompting you to include a blood glucose level check prior to naloxone administration.

For more information on the Medication Safety Cross-Check please see the infographic on our website www.cper.ca.