



# Montgomery County Fire and Rescue Service

## Division of Operations

### Emergency Medical and Integrated Healthcare Services

#### *Office of Medical Oversight Clinical Practice Guideline*

<b>Title:</b>	<b>Use of Naloxone in Cardiac Arrest</b>	<b>Number:</b>	2025-10
<b>Date:</b>	December 8, 2025		
<b>Issued by:</b>	Roger M. Stone MD, MS – MCFRS Medical Director		
<b>Purpose:</b>	To reinforce appropriate uses of naloxone during cardiac arrest resuscitation		
<b>Target Patient Population:</b>	<b><u>This CPG replaces and rescinds CPG 2021 - 01</u></b> Patients undergoing cardiac arrest resuscitation		
<b>Guideline:</b>	<p>The use of naloxone during cardiac arrest is limited to situations in which an opioid overdose is a suspected or confirmed cause. Naloxone should only be administered when <b>all</b> of the following conditions are met:</p> <ul style="list-style-type: none"><li>• The patient is in pulseless electrical activity (PEA)</li><li>• High-Performance CPR and effective ventilations are already being performed, and the administration of naloxone will not delay or interfere with critical resuscitative priorities (e.g., defibrillation)</li><li>• The first dose of epinephrine has been administered</li></ul> <p>If opiate overdose is suspected to be contributing to hypoventilation after ROSC, naloxone should be titrated to achieve the desired clinical effect. <b>Caution is advised when administering post-ROSC</b> to avoid an abrupt return to consciousness that could complicate ongoing clinical interventions.</p> <p>This clinical guidance is supported by emerging research demonstrating that naloxone use in suspected opioid-induced cardiac arrest is associated with increased rates of ROSC and improved survival to hospital discharge.</p> <p>Questions may be directed to the EMIHS Quality Management Battalion Chief.</p>		