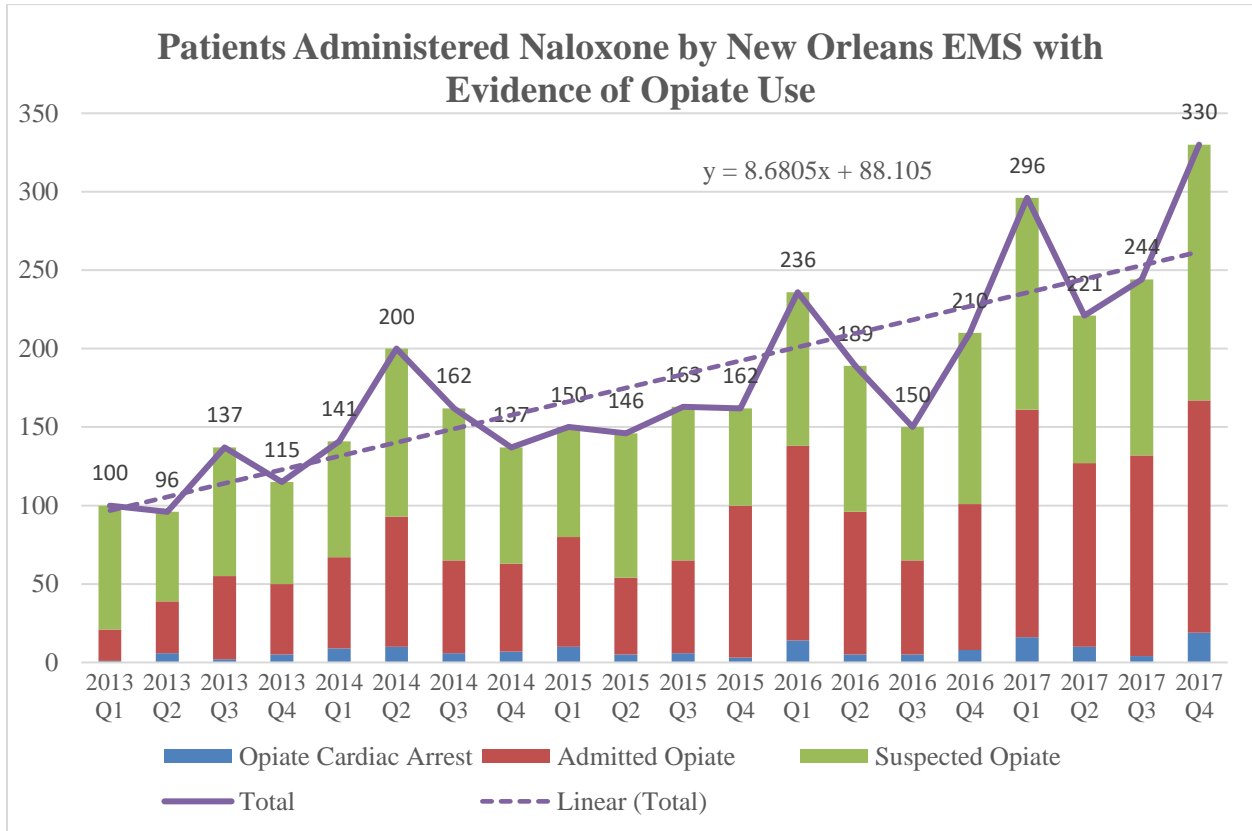


Dashboard: New Orleans Emergency Medical Service (EMS) Naloxone Administrations¹

Data on service calls is provided by the City of New Orleans Emergency Medical Services. For further information on EMS services contact Public Information Officer Elizabeth Belcher at 504-658-2655 or erbelcher@nola.gov.



- In calendar year 2017, New Orleans Emergency Medical Services (EMS) administered naloxone to patients on 1775 service calls. Post administration assessment indicated that **in 1091 calls there was evidence of opiate use, including 49 cases of opiate cardiac arrest, 538 cases of admitted opiate use and 504 of suspected opiate use.**²
- Over the five-year period from the first quarter of 2013 through the last quarter of 2017, **the number of EMS naloxone administration calls with evidence of opiate use increased at an average annual rate of 19.4%.**³

¹ This analysis is prepared for the Greater New Orleans Drug Demand Reduction Coalition by ARC Associates. Contact Robert J Gallati at Bob.Gallati@ARC-Associates.net.

² Naloxone is typically administered when there is a possibility of opiate overdose, rather than certainty, because there is very little risk of harm in administering naloxone when opiates are not present.

³ Based on linear trend analysis. Take the regression coefficient (8.68) for the trend line and multiply by 4 (quarters per year) to obtain an average annual number increase/ decrease. Divide the average annual number increase/

Patients Administered Naloxone by New Orleans Emergency Medical Services by Evidence of Opiate Use							
Calendar Quarter	Opiate Related Cardiac Arrest	Admitted Opiate Usage	Suspected Opiate Usage	Total with Evidence of Opiates	No Evidence of Opiates	Medical Related Cardiac Arrest or Other	Total Patients Receiving Naloxone
2013 Q1	1	20	79	100	14	16	130
2013 Q2	6	33	57	96	27	12	135
2013 Q3	2	53	82	137	19	14	170
2013 Q4	5	45	65	115	33	72	220
2014 Q1	9	58	74	141	45	64	250
2014 Q2	10	83	107	200	92	0	292
2014 Q3	6	59	97	162	35	0	197
2014 Q4	7	56	74	137	44	0	181
2015 Q1	10	70	70	150	47	74	271
2015 Q2	5	49	92	146	37	37	220
2015 Q3	6	59	98	163	34	61	258
2015 Q4	3	97	62	162	26	43	231
2016 Q1	14	124	98	236	22	16	274
2016 Q2	5	91	93	189	15	16	220
2016 Q3	5	60	85	150	11	15	176
2016 Q4	8	93	109	210	13	19	242
2017 Q1	16	145	135	296	16	11	323
2017 Q2	10	117	94	221	7	28	256
2017 Q3	4	128	112	244	13	29	526
2017 Q4	19	148	163	330	15	14	670

Definitions

Opiate Related Cardiac Arrest - The patient presented in full arrest, and there was either admission of heroin usage or paraphernalia indicating such at the scene.

Admitted Heroin Usage - Patient was found unresponsive or with a decreased mental status. The patient received Narcan and admitted to using heroin

Suspected Opiate Usage - Patients that presented with a decreased GCS, Pinpoint Pupils, and improved their GCS with administration of Narcan.

No Evidence of Opiates - Patient that presented with a decreased GCS, normal pupils, and did not improve their GCS with administration of Narcan. These patients were noted to be under the influence mostly of ETOH or Benzodiazepines

Medical Related Cardiac Arrest or Other -

decrease by the average (mean) quarterly number of naloxone administrations (with evidence of opiate use) for 18-quarter period (179) to estimate the annual percentage increase.