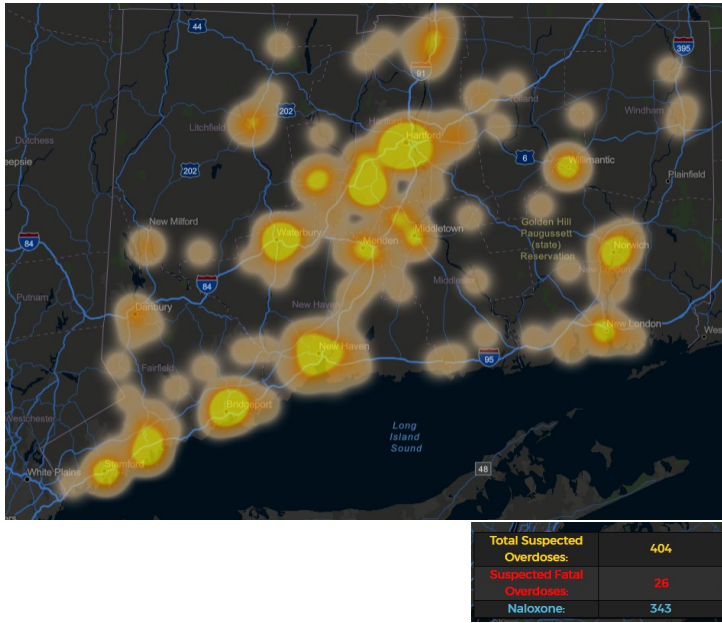
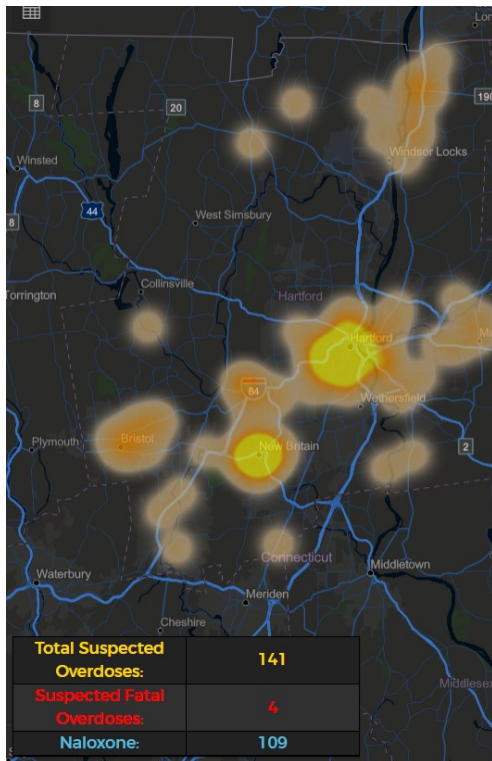


Connecticut Opioid Heat Map



In the month of August the State of Connecticut saw an increased overdose activity in New Haven & Hartford counties. Hartford county pictured below The heatmaps depicted, above show cumulative data for the month of August 2022.



ALS Naloxone Administration in Cardiac Arrest Patients

The American Heart Association in a March 2021 Scientific Statement on Opioid-Associated Out-of-Hospital Cardiac Arrest wrote:

“...If the patient is definitely pulseless and receiving standard resuscitation, including assisted ventilation, naloxone is unlikely to be beneficial.”

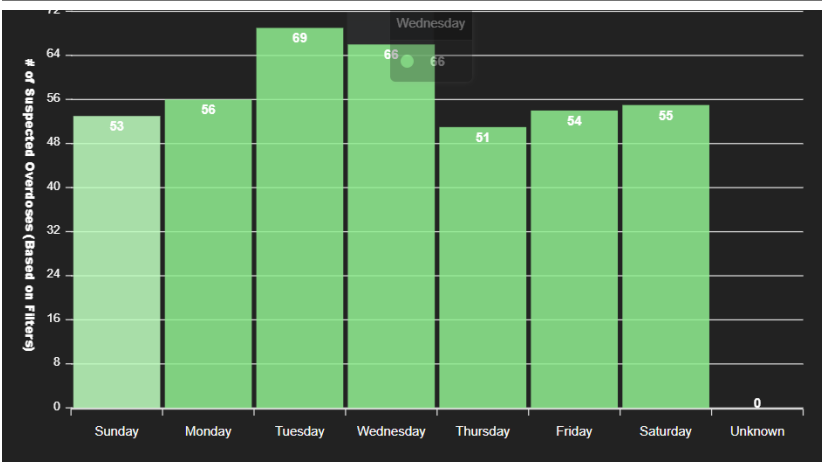
Despite this recommendation, a review of SWORD reported calls reveals some paramedics continue to administer naloxone to patients in confirmed cardiac arrest. When we looked at the months of July and August 2022, paramedics reported performing CPR on 32 patients in confirmed cardiac arrest. In 21 cases (65.6% of time) paramedics also gave naloxone to these patients in cardiac arrest. Only three patients survived. Of these three, two had severe anoxic brain injuries.

Conclusion: Despite the recommendations of the American Heart Association, against the use of naloxone in patients in confirmed cardiac arrest, many paramedics continue to administer the drug.

Caution: The AHA recommendation is only for ALS (Advanced Life Support) in cases of confirmed cardiac arrest. **For BLS (Basic Life Support) and first responders, the administration of naloxone is supported in patients receiving CPR due to the possibility that the patient may still have an undetected pulse.**

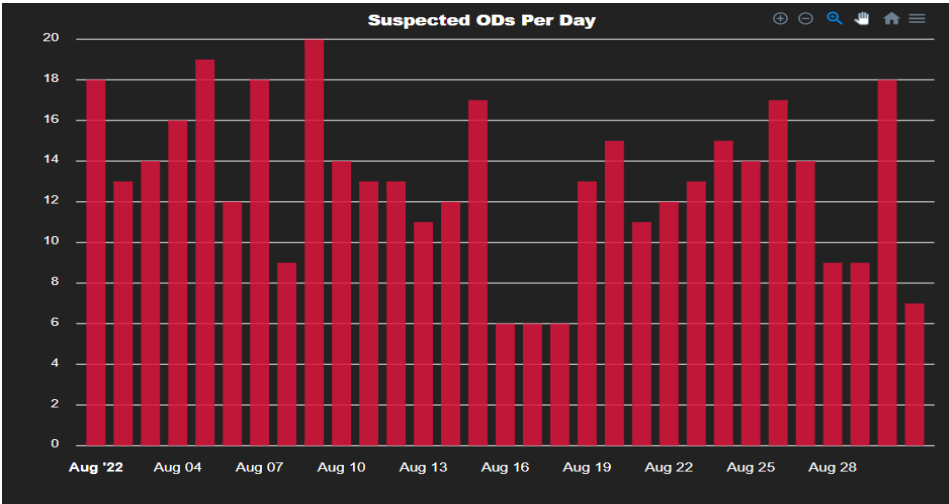
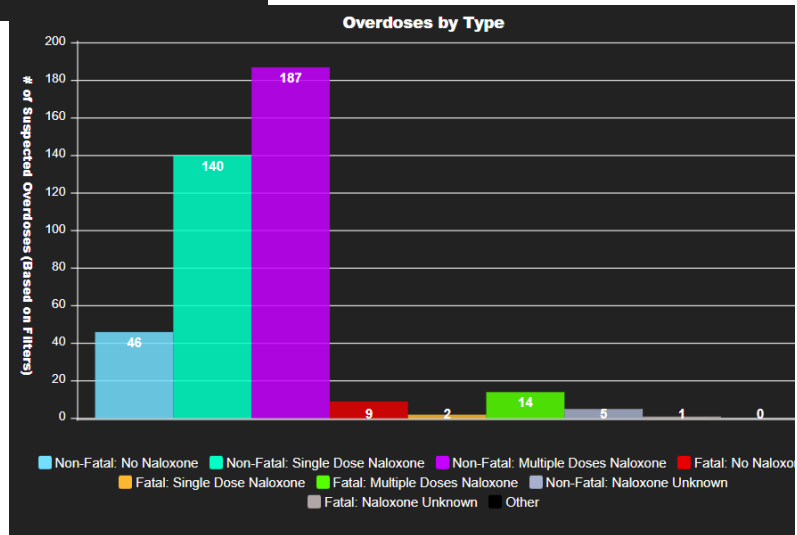
Citation:

Dezfulian C, Orkin AM, Maron BA, Elmer J, Girotra S, Gladwin MT, Merchant RM, Panchal AR, Perman SM, Starks MA, van Diepen S, Lavonas EJ; American Heart Association Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation; Council on Arteriosclerosis, Thrombosis and Vascular Biology; Council on Cardiovascular and Stroke Nursing; Council on Quality of Care and Outcomes Research; and Council on Clinical Cardiology. Opioid-Associated Out-of-Hospital Cardiac Arrest: Distinctive Clinical Features and Implications for Health Care and Public Responses: A Scientific Statement From the American Heart Association. *Circulation*. 2021 Apr 20;143(16):e836-e870. doi: 10.1161/CIR.0000000000000958. Epub 2021 Mar 8. PMID: 33682423.



Left: < Activity based on day of the week based on Incident within the State of Connecticut during the month of August 2022.

Right: > Activity based on suspected overdoses by type as reported in the month of August 2022.



< Left: This graph represents EMS reported opioid overdoses by incident day during August, 2022.

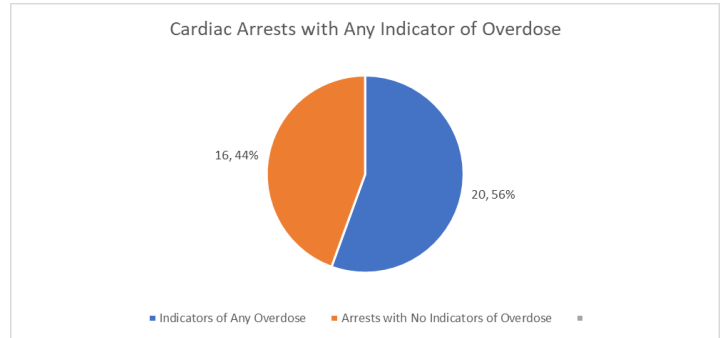
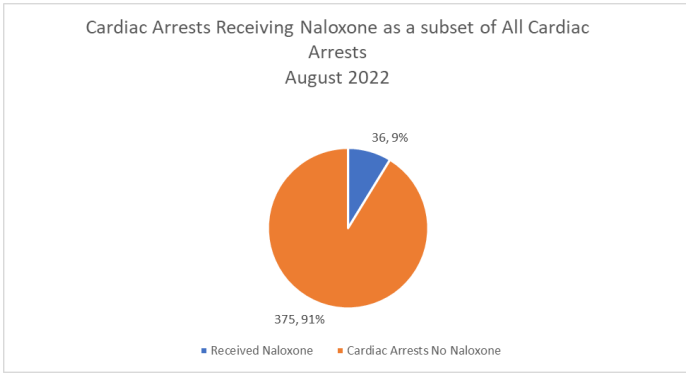
SWORD Statewide Reporting August 2022

In the month of August 2022, there were 404 calls to the Connecticut Poison Control Center (CPCC) for SWORD. Of these calls, 392 were non-fatal and 26 resulted in fatalities. There were 343 total naloxone administrations: 187 non-fatal multiple doses of naloxone administered, 140 non-fatal single dose naloxone, and 46 non-fatal with no naloxone administered. Of the 26 fatalities, 14 received multiple doses of naloxone, two received a single dose, nine with no naloxone administered, and five were recorded as Naloxone unknown.

The 455 cases involved suspected overdoses from all of our counties: Fairfield 79, Hartford 142, Litchfield 13, Middlesex 20, New Haven 94, New London 40, Tolland five, and Windham 12.

*Numbers subject to change

Deep Dive

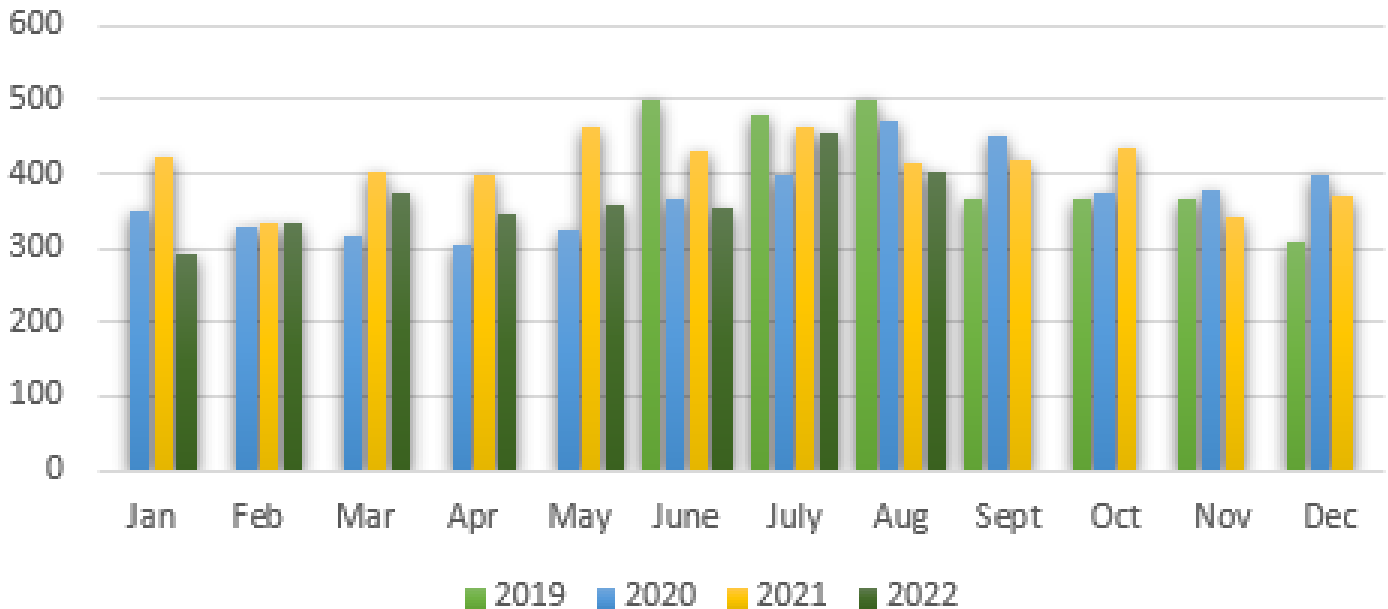


In August 2022 there were 411 cardiac arrests, 39 (9%) of which received Naloxone.

All data in the Deep Dive is extracted from the EMS Database by ImageTrend. ImageTrend is the State’s repository for EMS related data.

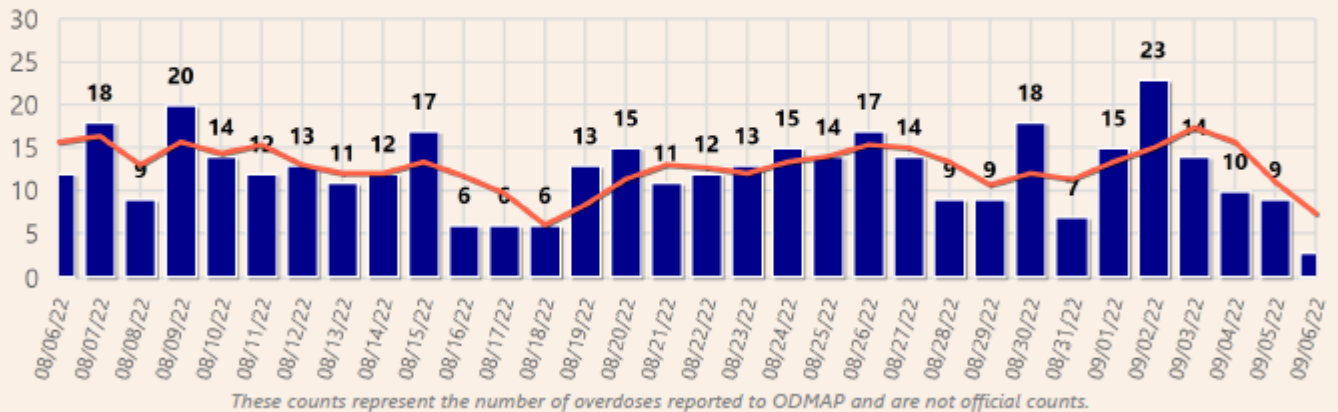
The American Heart Association has indicated that Naloxone does not have a likely benefit in confirmed cardiac arrest. To understand why these patients were getting Naloxone, further investigation revealed that 20 of the 36 cardiac arrests had some sort of overdose indicator and 16 had no such indicator of overdose.

Suspected OD's by month June 2019-August 2022



ODMAP Suspected Overdose Submissions - In the Last Month

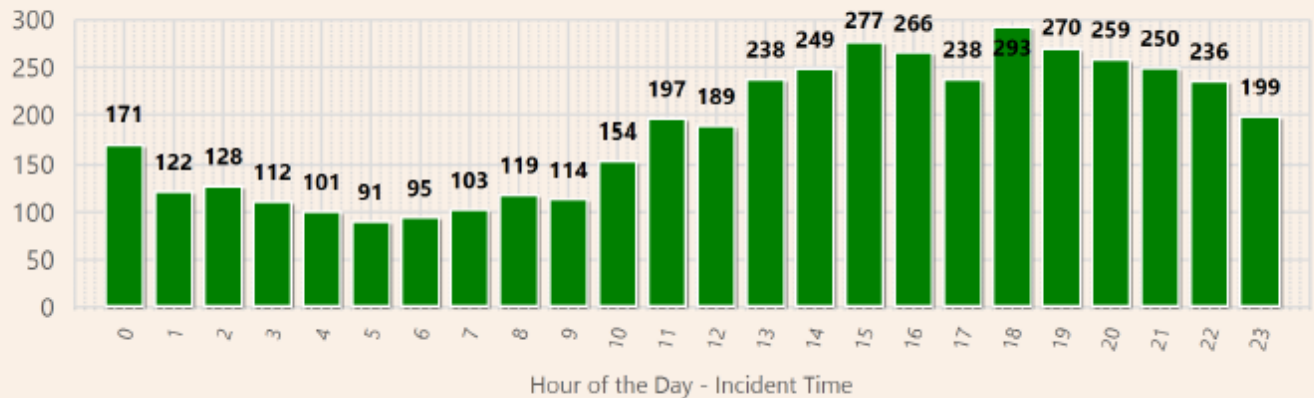
■ Entries Per Day — 3-Day Moving Avg



ODMAP Suspected OD Submissions by day.

ODMAP Suspected Overdose Submissions - All Data Submitted

■ Per Hour of the Day



Cumulative (June 2019—August 2022) Overdoses by the Hour of the Day

This graph shows the hour of the day suspected overdose incidents have occurred statewide since the SWORD program began on June 1, 2019.

Do you need help accessing ODMAP [Click here to contact the ODMAP Helpdesk](#), or call (301) 489-1744



Department of Public Health Office of Emergency Medical Services

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Thank you for your participation!

