

Academic Emergency Medicine Editor-in-Chief Pick of the Month

What to do With Lazarus?

Has it happened to you, yet?

The civilian vehicle that stops in front of the emergency department, briefly enough for the back door to sling open. Out spills a crumpled, lifeless body. The dented drop-off vehicle squeals away. You were walking out, just off shift, still talking with a friend. You run over, with the triage nurse assistant and security guard who just came out from triage, other patients staring on. You see the pale, apneic body, the lifeless, pinpoint doll's eyes in mid-position. Three of you chuck her on a stretcher. In to the resuscitation room.

"NEED NARCAN NOW!"

If this were television, you'd have added "STAT!"

Two nurses frantically search for a vein, finding scars. Like a five-year-old on Christmas morning, the respiratory therapist is now tearing the bag valve mask out of its plastic. The chief who took over for you is drilling the tibia. You are looking for access too, helping tear off clothes. The 2 percent of your brain not 100 percent preoccupied somehow registers a random touch of the patient's cold fingers. "Like clammy tentacles of a sea creature," your 2 percent bystander brain offers the other 98 percent, for no good reason.

The veteran nurse says, "got it," and in goes 2 mg naloxone, then 2 more. The respiratory therapist does a chin lift and applies the bag valve mask, someone searches for the patient's identification, another gets a C-collar and the chief checks the pupils. Nine professionals stop breathing, and one patient starts to breathe. She coughs but does not vomit, and in 30 seconds she blinks, then speaks: "Where the hell am I?"

In 60 minutes, she wants to leave.

This vivid image plays out daily in ED America. Narcan saves a life, and then the ED physicians argue about how long we have to observe the

patient. We discuss the patient's capacity to decide, risk of false imprisonment, and possible bad things that might happen if we let her go. Yet another blind sojourn in the evidence-free zone. Every older physician has an apocryphal tale of something that warrants admission...return of sedation, non-cardiogenic pulmonary edema.

This month's POTM from Clemency et al rings in 2019 with evidence from 538 patients who received prehospital naloxone, specifically elucidating the failure rate for patients who are awake and alert with normal vital signs one hour after naloxone administration. Among patients who met their rule (see [paper](#) to learn more), an adverse event occurred in 13 (2.4 percent) of 538, but only one patient with a presumed heroin overdose received a repeat dose of naloxone. Provider judgment performed similarly.

Thanks to this landmark paper by [Clemency et al](#), we finally have evidence to make a decision.

Best wishes,
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Editor-in-Chief, Academic Emergency Medicine

The findings of the study are discussed in the latest AEM podcast/SGEM Hop Review, ["Wake Me Up Before You Go-Go: Using the HOUR Rule."](#)