

SCOPE: ALS, CCT	
<b>MEDICATION:</b>	<b>NALOXONE (Narcan)</b>
<b>INTERVENTION:</b>	<p><u>Classification:</u> Opioid antagonist</p> <p><u>Actions:</u> Pure opioid antagonist that competes and displaces opioids at opioid receptor sites</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> <li>• Hypersensitivity</li> </ul> <p><u>Precautions:</u></p> <ul style="list-style-type: none"> <li>• May precipitate acute withdrawal or unmask pain in those who regularly take opioids</li> <li>• In neonates born to mothers with opioid dependence, opioid withdrawal may be life-threatening and symptoms may include excessive crying, shrill cry, failure to feed, seizures, and hyperactive reflexes</li> <li>• Carefully titrate the dose to reverse hypoventilation; do not fully awaken patient or reverse analgesic effect</li> <li>• Use with caution in patients with cardiovascular disease or in patients receiving medications with potential adverse cardiovascular effects (eg, hypotension, pulmonary edema or arrhythmias)</li> <li>• Use caution in patients with history of seizures; avoid use in the treatment of meperidine-induced seizures</li> </ul> <p><u>Dosage:</u></p> <ol style="list-style-type: none"> <li>I. <u>Opioid Reversal:</u> <ol style="list-style-type: none"> <li>a. Adult:           <ol style="list-style-type: none"> <li>i. IV/IO: 0.4-1 mg               <ol style="list-style-type: none"> <li>1. Patients with pain pumps: dilute and give slowly over 2 minutes (patient may have sudden withdrawal, seizure and death with rapid administration)</li> </ol> </li> <li>ii. IN: 4 mg as a single dose in one nostril; may repeat every 2 to 3 minutes</li> </ol> </li> <li>b. Pediatric/Neonate:           <ol style="list-style-type: none"> <li>i. IV/IO: 0.01 mg/kg/dose; repeat every 2 to 3 minutes if needed, max single dose 2 mg</li> <li>ii. IN: 4 mg as a single dose in one nostril; may repeat every 2 to 3 minutes</li> </ol> </li> </ol> </li> </ol> <p><u>Onset of Action:</u> IV: ~2 minutes, Intranasal: ~8 to 13 minutes</p> <p><u>Duration:</u> ~30 to 120 minutes</p> <p><u>Adverse Effects:</u> Ventricular arrhythmias, hypotension, hypertension, nausea, vomiting, diaphoresis, seizure, irritability, tremor</p> <p><u>Special Considerations:</u></p> <ol style="list-style-type: none"> <li>I. Recurrence of respiratory and/or CNS depression is possible if the opioid involved is long-acting; continuously observe patients until there is no further risk of recurrent respiratory or CNS depression</li> <li>II. Reversal of partial opioid agonists or mixed opioid agonist/antagonists (eg, buprenorphine, pentazocine) may be incomplete and larger or repeat doses of naloxone may be required</li> </ol>

If this is a patient care policy, the information contained herein is used to provide guidance in the care of patients, but should not, and does not replace or preclude the use of clinical judgment.

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## PROTOCOL

	III. Excessive dosages should be avoided after use of opioids in surgery. Abrupt postoperative reversal may result in nausea, vomiting, sweating, tachycardia, hypertension, seizures, and other cardiovascular events (including pulmonary edema and arrhythmias)
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