## **NALOXONE**

**Additional Names:** Narcan

Classification: Opioid Antagonist, Opioid Reversal Agent

**Indications:** Respiratory depression due to opioid intoxication

**Contraindications:** Known hypersensitivity

Dosages: Adult:

Overdose / Acute Poisoning: Suspected Opiate Overdose

0.5-2 mg IV/IM/IO, q2-3 min prn

2-4 mg IN, q2-3min prn

**Pediatric:** 

Pediatric Altered Mental Status: Suspicion of Opiate/Opioid Ingestion

0.1mg/kg IV/IO/IN, q2-3min, titrate prn (max 2mg/dose)

**Side Effects:** Withdrawal symptoms (especially in neonates), combativeness, hyperventilation,

tachycardia, hypertension, nausea/vomiting

**Physiological Effects:** Naloxone competitively binds to the  $\beta$ -endorphin receptors in the central nervous

system, thereby reversing the effects of opiates and their derivatives. Naloxone completely reverses the effects of opioids and causes a sudden onset of withdrawal

symptoms.

**Additional Info:** Naloxone doses should be used to reverse respiratory depression, not to fully awaken

the patient. Anticipate combative behavior and ensure provider safety in advance.

IV doses greater than 0.5mg increase the risk of flash pulmonary edema – this chance

increases in proportion to the administration dose

Synthetic opioids (e.g. fentanyl, carfentanil) frequently require doses greater than 2mg.

