

U. Naloxone Hydrochloride (Narcan®)

- I. Classification
 - Narcotic antagonist
- II. Actions
 - Reverses respiratory depression and CNS sedation by competing with narcotics at opiate receptor sites.
- III. Indications
 - Suspected narcotic overdose with a respiratory rate less than age appropriate or decreased tidal volume.
- IV. Contraindications
 - Not significant in above indications.
- V. Adverse effects
 - A. Cardiovascular
 - Tachycardia
 - Hypertension
 - Dysrhythmias
 - B. Gastrointestinal
 - Nausea/vomiting
 - C. Neurological
 - Tremors
 - Seizures
- VI. Administration
 - A. Adult [BLS]
 - 4 mg IN, single dose spray.
 - B. Adult [ALS]
 - 0.4 - 2 mg IV/IO, IN, IM.
 - Titrate the IV/IO dose to an adequate respiratory rate and tidal volume.
 - C. Pediatric [BLS]
 - 4 mg IN, single dose spray.
 - D. Pediatric [ALS]
 - 0.1 mg/kg IV/IO, IN, IM (maximum 2 mg per dose).
 - Titrate the IV/IO dose to an adequate respiratory rate and tidal volume.
- VII. Onset
 - IVP - Immediate - 2 minutes
 - IN - 2-5 minutes
 - IM - 5-10 minutes
- VIII. Duration
 - 20-30 minutes
- IX. Precautions

- A. Naloxone will not reverse narcotic induced hypotension. Monitor the pulse quality and blood pressure. If the patient is hypotensive, place the patient in a shock position and consider a fluid challenge.
- B. Rapid reversal of narcotic overdose may lead to violent or combative behavior or precipitate signs of acute narcotic withdrawal. Prepare to appropriately protect the patient and EMS personnel.
- C. Naloxone reverses respiratory depression/arrest in narcotic overdose. Administer naloxone prior to considering endotracheal intubation if an opiate overdose is suspected.
- D. Narcotics have a longer duration of action than naloxone. Continue to monitor respirations and level of consciousness. Repeated doses may be necessary.