

## NALOXONE (NARCAN®)

<b>THERAPEUTIC EFFECTS</b>	Blocks the effects of both narcotics and synthetic narcotics. It may be helpful in coma due to alcohol ingestion.																		
<b>INDICATIONS</b>	<ol style="list-style-type: none"> <li>1. Suspected opiate narcotic and/or synthetic narcotic overdose including the following agents:           <table border="0" style="width: 100%;"> <tr> <td>Codeine</td> <td>Suboxone/Buprenorphine HCL</td> </tr> <tr> <td>Dilaudid/Hydromorphone</td> <td>Darvon/Propoxyphine</td> </tr> <tr> <td>HCL</td> <td>Dolophine/Methadone</td> </tr> <tr> <td>Dextromethorphan</td> <td>Sublimaze/Fentanyl</td> </tr> <tr> <td>Heroin</td> <td>Morphine</td> </tr> <tr> <td>Nubain/Nalbuphine HCL</td> <td>Stadol/Butorphanoltartrate</td> </tr> <tr> <td>Talwin/Pentazocine</td> <td>Ultram/Tramadol HCL</td> </tr> <tr> <td>Vicodin/Hydrocodone</td> <td></td> </tr> <tr> <td>Veterinary narcotics</td> <td></td> </tr> </table> </li> <li>2. Known narcotic overdose with respiratory depression</li> <li>3. Coma of unknown origin</li> </ol>	Codeine	Suboxone/Buprenorphine HCL	Dilaudid/Hydromorphone	Darvon/Propoxyphine	HCL	Dolophine/Methadone	Dextromethorphan	Sublimaze/Fentanyl	Heroin	Morphine	Nubain/Nalbuphine HCL	Stadol/Butorphanoltartrate	Talwin/Pentazocine	Ultram/Tramadol HCL	Vicodin/Hydrocodone		Veterinary narcotics	
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<b>CONTRAINDICATIONS</b>	Hypersensitivity to naloxone																		
<b>PRECAUTIONS/SIDE EFFECTS</b>	Naloxone should be administered cautiously to patients who are known or suspected to be physically dependent on narcotics. Rapid administration may cause nausea. Abrupt and complete reversal by naloxone can cause withdrawal-type effects. This includes newborn infants of mothers with known or suspected narcotic dependence. Naloxone crosses the placenta and may precipitate withdrawal in the fetus as well as in the mother. Acute and abrupt withdrawal increases the likelihood of <b>pulmonary edema</b> , ventricular arrhythmias and severe agitation. Naloxone has a shorter half-life than most narcotics; the patient may return to the overdose state.																		
<b>ADULT DOSAGE/ROUTE</b>	0.4 mg IV/IO/IM.* If the initial dose is unsuccessful, administer a dose of 1.6 mg 2 minutes later. Up to 10 mg may be required for Darvon, Talwin, Stadol, Nubain, Suboxone, and fentanyl overdoses.																		
<b>PEDIATRIC DOSAGE/ROUTE</b>	0.1 mg/kg IV/IO/IM,* up to a max dose of 2 mg.																		

\*Naloxone may be given intranasally via MAD at a dose of 2 mg for adults and 0.1 mg/kg up to a total of 2 mg for children.