

Naloxone (Narcan)

<u>Adult Medical Drug Overdose</u> <u>Pediatric Medical Drug Overdose</u>		
B	Adult	0.4 mg IM increments q 2-4 min to a maximum of 10 mg or 2 mg IN (Repeat IN once if necessary as noted below)
	Pediatric	0.1 mg/kg IM/IN to a maximum of 2.0 mg Weight Based Pediatric Dosing Chart Link
I	Adult	0.4 mg IV/IO/IM q 2-4min to a maximum of 10 mg or 2 mg IN (Repeat IN once if necessary as noted below)
	Pediatric	0.1 mg/kg IV/IO/IM/IN to a maximum of 2.0 mg Weight Based Pediatric Dosing Chart Link

KEY POINT

Intranasal administration:

- Load syringe with 2 mg (2 ml) of Naloxone and attach MAD™ nasal atomizer.
- Place atomizer 1.5 cm within the nostril.
- Briskly compress syringe to administer 1 ml of atomized spray.
- Remove and repeat in other nostril, so all 2 ml (2 mg) of medication are administered
- A second dose of 1 mg Naloxone (0.5 ml per nare) may be re-administered via intranasal route as needed, for a maximum IN dose of 3 mg.

DO NOT GIVE IN CARDIAC ARREST

Class:

- Opiate Antagonist, Antidote

Description of Use:

- Competitively displaces opioids at opioid-occupied receptor sites in the CNS
- Reverses opioid-induced sedation, increases respiratory rate

Pharmacokinetics: (Route: IM, IV)

- Onset: **IV:** 1-2 min **IM:** 2-5 min
- Half-life: 60-100 min

Special Populations:

- Pregnancy Class: B
- Children: No age-related precautions noted
- Elderly: No age-related precautions noted

Contraindications:

- Respiratory depression due to non-opioid drugs
- Cautions: Chronic cardiac/pulmonary disease, coronary artery disease. Use with caution in those suspected of being opioid dependent or post-op patients to avoid cardiovascular changes

Adverse reactions:

- Too-rapid reversal of narcotic-induced respiratory depression may result in nausea, vomiting, tremors, increased BP, and tachycardia
- Hypotension or hypertension, ventricular tachycardia/fibrillation, or pulmonary edema may occur in those with cardiovascular disease