



Medication:NaloxonePDN:6960.03Last Updated:
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NALOXONE (Narcan)

1.0 Classification

Opioid receptor antagonist

2.0 Mechanism of Action

 Reverses the effects of narcotics, including respiratory depression, by competitively binding to opiate receptors

3.0 Indications

Narcotic overdose with respiratory/airway compromise despite BLS airway management

4.0 Contraindications

Cardiac arrest

5.0 Precautions

- Naloxone can cause withdrawal symptoms including combative behaviour in patients with long-standing narcotic use
- Naloxone should be administered slowly and titrated to effect

6.0 Route

May be given IV, IM, SC, or IN

7.0 Dosage

Adult

0.4 mg (IV, SC, IM, IN); repeat as needed.

Pediatric

0.2 mg (IV, SC, IM, IN); repeat as needed

8.0 Supplied

0.4 mg in 1 mL vial

9.0 May Be Given By

ICP (with OLMC order)/ACP/CCP

10.0 Adverse effects

- Agitation
- Vomiting
- Cramps
- Diarrhea

11.0 Special notes

- The half-life of naloxone is shorter than most narcotics, therefore the patient may return to the overdose state and may require further dosing of naloxone; non-transport risk is very high after administration of naloxone
- If no correction in airway or ventilation after multiple doses, consider differentials

- Naloxone is effective against natural, synthetic, or semi-synthetic narcotics including:
 - Codeine
 - Darvon (propoxyphene)
 - Demerol (meperidine)
 - Dilaudid (hydromorphone)
 - Fentanyl
 - Heroin
 - Lotomil
 - Methadone
 - Morphine
 - Nubain (nalbuphine)
 - Oxycodone
 - Paregoric (anhydrous morphine)
 - Percocet (oxycodone and acetaminophen)
 - Percodan (oxycodone and ASA)
 - Stadol (butorphanol)
 - Talwin (pentazocine)
- Pregnancy category C [if the patient will benefit from a Category C drug, it is generally used]

12.0 References

- Altered Level of Consciousness Clinical Practice Guideline
- Toxicological Emergencies Clinical Practice Guideline
- Compendium of Pharmaceuticals and Specialties (CPS)

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