This document is for reference only. Please refer to SWO's for specific indications, dosages, and applications

RX

Drug Name: **Naloxone**
Trade Name: **Narcan**
REVISED: **November 1, 2017**

Class: Narcotic Antagonist

Mechanism of Action:
Binds competitively to opiate receptor sites, displacing narcotics & synthetic narcotics. Antagonizes all actions of narcotics

Indications:
- Complete or partial reversal of depression caused by narcotics or synthetic narcotics
- Coma of unknown etiology

Contraindications:
- Known Hypersensitivity

Precautions:
- Pre-existing cardiac disease
- Patients who have received cardiotoxic drugs
- Abrupt and complete reversal can cause withdrawal-type effects
- Pregnancy (B)
- Use with caution in polypharmaceutical overdoses

Dosage:

Adults:
- IV/IO: 0.1-2 mg slowly. Repeat as needed every 1-2 minutes to a maximum of 10 mg.
- IM/IN: 2-4 mg. Repeat as needed to a maximum of 10 mg. If IV access is unavailable.
- If patient has obviously aspirated, consider bypassing Narcan and manage airway as required.
- IV/IO *in cardiac arrest*: 2 mg

Pediatrics:
- IV/IO: 0.01 - 0.05 mg/kg to max single dose of 2 mg. Administer slowly. Repeat as needed every 1-2 minutes to a maximum of 10 mg.
- IM/IN: 2-4 mg. Repeat as needed to a maximum of 10 mg. If IV/IO access is unavailable.
- If patient has obviously aspirated, consider bypassing Narcan and manage airway as required.
- IV/IO *in cardiac arrest*: 2 mg

Onset:
- IV/IO--1-2 minutes
- IN: 1-4 minutes
- IM, SubQ: 2-8 minutes

Duration:
- IV, IM, IN, ET, SubQ--30-60 minutes

Side Effects:
- Tachycardia
- Hypotension
- HTN
- Dysrhythmias
- N/V
- Diaphoresis

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Interactions:

- Incompatible with alkaline drugs

PEARLS

ALS evaluation is indicated if Naloxone administered either PTA or by EMS, and transport strongly encouraged. Refusals require medical control contact.

- **Many Opiates have a longer bio-availability than Narcan, therefore assess for re-sedation. Re-administer Narcan as needed.**
- Naloxone in cardiac arrest is adjunctive to, not a replacement for other basic interventions. Focus should remain on high quality CPR and resuscitation.
- Failure to obtain reversal after 10 mg usually indicates another disease process or overdose on non-opioid drugs.
- Use with caution in poly-pharmaceutical overdoses, reversal of opiate may result in an extremely hyperdynamic patient (i.e. “speedball”)
- The goal of naloxone administration is to reverse respiratory depression and hypoxia while avoiding while avoiding combativeness and agitation.
- These adverse events can be minimized with airway management, slow administration and small titrated doses of naloxone.
- **If patient has obviously aspirated, consider bypassing Narcan administration and transport the patient. Intubate as required**
- If pushed too rapidly, this medication will induce vomiting
- Intranasal Narcan is an effective alternative that may reduce the chance of a needle stick. It is absorbed far quicker than the IM, SQ, or SL routes
- Osterwalder, et al notes that “*In 1000 clinically diagnosed intoxications with heroin or heroin mixtures, from 4 to 30 serious complications can be expected. Such a high incidence of complications is unacceptable and could theoretically be reduced by artificial respiration with a bag valve device (hyperventilation) as well as by administering naloxone in minimal divided doses, injected slowly.”*
  This is supported by other studies and case reports as well. It is recommended that a couple of minutes of careful ventilation with a BVM be performed prior to Narcan administration to decrease the incidence of (uncommon but serious) complications