

**Drug Name:** Naloxone  
**Trade Name:** Narcan  
**Class:** Narcotic Antagonist  
**Revised:** November 1, 2018

**Mechanism of Action:**

Binds competitively to opiate receptor sites, displacing opioids.  
Antagonizes many (but not all) actions of opioids

**Indications:**

- Complete or partial reversal of depression caused by narcotics or synthetic narcotics
- Coma of unknown etiology
- Maintenance of opioid reversal by narcotic antagonist

**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 poly-pharmaceutical overdoses

**Dosage:**

**Doses are highly variable. Double check orders with transferring physician Infusion for IFT or prolonged transports:**

- To Mix: 4 mg/250 cc NS (16 mcg/cc)
- **50-100% of total initial bolus /hour, titrated PRN**
- **May Rebolus at ½ initial total bolus in 15 minutes after infusion PRN**

**Onset:**

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

**Duration:**

- Based on infusion, typically 30-60 minutes after discontinuation

**Side Effects:**

- Tachycardia
- Hypotension
- HTN
- Dysrhythmias
- N/V
- Diaphoresis

**Interactions:**

- Incompatible with alkaline drugs

# IFT

REFERENCE ONLY

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

DRUG: NALOXONE INFUSION

## PEARLS

- Infusion is based on recommended guidelines, but there are many different nanograms. The common infusion method is to take between 50% and 100% of the total bolus dose ("The Awakening Dose") and use that as a guide for the amount of naloxone needed **per hour**.
  - *For example*, if the patient required 2 mg of naloxone total to restore respirations, then the starting point for the naloxone infusion would be 1 - 2 mg/hour, titrated as needed.
  - *Increase* as needed for hypoxia, respiratory or CNS depression.
  - *Decrease* as needed for signs of withdrawal.
  - A bolus dose equal to half the initial bolus should be administered at 15 minutes after infusion has been to achieve predicted steady-state concentrations effectively.
- 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 administered too rapidly, this medication will induce vomiting.

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