

A large, white, serif 'RX' logo is centered within a dark gray square box in the top right corner of the page.

**Drug Name: Naloxone**

**Trade Name: Narcan**

**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:**

- Repeat as needed. Failure to obtain reversal after 10 mg usually indicates another disease process or overdose on non-opioid drugs.
- IV, SQ: 0.1-2 mg PRN to a max of 10 mg
- IN/IM/ETT, IV in cardiac arrest: 2 mg

**Pediatrics:**

- 0.01-0.05 mg/kg IV, IO, IM, SubQ, ET. Repeat PRN.
- MAX 2 mg/dose

**Onset:**

- IV--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

**Interactions:**

- Incompatible with alkaline drugs

**DRUG: NALOXONE**

# RX

## DRUG: NALOXONE

### PEARLS

- **Many Opiates have a longer bio-availability than Narcan, therefore assess for re-sedation. Readminister Narcan as needed.**
- Failure to obtain reversal after 10 mg usually indicates another disease process or overdose on non-opioid drugs.
- Use with caution in polypharmaceutical overdoses, reversal of opiate may result in an extremely hyperdynamic patient (i.e. “speedball”)
- Use just enough naloxone to reverse severe signs and symptoms (i.e. respiratory depression, loss of airway control, and hypotension). We don't need to completely wake these people up in the field. Doing so may create a situation where a patient may become combative, belligerent, and refuse transport requiring law enforcement intervention
- **If patient has obviously aspirated, consider bypassing Narcan administration and transport the patient. Intubate as required**
- Naloxone can be delivered via ET, however it normally returns a patient to near normal status with regard to LOC, respiratory status, & hemodynamics
- If pushed too rapidly, this medication will induce vomiting
- Intranasal Narcan is relatively new, having been recently studied in Denver, Colorado. It 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 (with sellicks maneuver) be performed prior to Narcan administration to decrease the incidence of (uncommon but serious) complications**