

NALOXONE [NARCAN]

DRUG CLASSIFICATION	Opioid Antagonist
MECHANISM OF ACTION	Naloxone HCL is a pure opioid antagonist that competes and displaces opioids at opioid receptor sites; acts by competing for the mu, kappa, and sigma opiate receptor sites in the CNS with highest affinity for mu-receptors where it acts as an inverse agonist, causing rapid removal of any other drugs bound to these receptors.
CLINICAL INDICATIONS	Cardiac Arrest of Unknown Origin; Suspected or Prevalent Signs of Opioid Overdose Opioid Overdose with Inadequate Respiration, Oxygenation, or Ventilation
STANDARD CONTRAINDICATIONS	Hypersensitivity to Naloxone or Relative Components
POTENTIAL ADVERSE EFFECTS	Recurrent Respiratory or CNS Depression / Pulmonary Edema / Cardiac Arrest / Tachycardia / Ventricular Dysrhythmias / BP Changes Erythema at Injection Site / Abdominal Pain / Asthenia / Dizziness / Headache / Near-Syncope / Sweating / Opioid Withdrawal
GENERAL RISKS & PRECAUTION	1) Abrupt use in postoperative state may lead to seizures, ventricular dysrhythmias, pulmonary edema, cardiac arrest and potentially death. 2) Increased risk of death in patients with cardiovascular disorders or concomitant use of drugs with similar adverse cardiovascular events. 3) Risk of pulmonary edema in postoperative patients with preexisting cardiac disease or concurrently using cardiotoxic drugs. 4) Newborns of mothers suspected of long-term opioid use; do not administer due to risk of seizures or acute withdrawal. 5) Reversal of respiratory depression caused by partial agonists or mixed agonist/antagonists may be incomplete. 6) CNS depression and / or respiratory depression may return after initial symptomatic improvement. 7) Agitation has been reported with excessive doses that may result in significant reversal of analgesia.
PROTOCOL INDEX	Cardiac Arrest; Adult (AC-3) Pediatric Cardiac Arrest (PC-4) Overdose / Toxic Ingestion (TE-7)

MEDICATION ADMINISTRATION

ADULT

PEDIATRIC

Cardiac Arrest Secondary to Opioid Overdose

0.4 – 2.0 mg [IV/IO/IM/IN/ETT]
(Maximum Total Dose: 4 mg)

Opioid Overdose with Inadequate Respiration / Oxygenation / Ventilation

0.4 – 2.0 mg [IV/IO/IM/IN/ETT]
Titrate to adequate ventilation and oxygenation.
NOT GIVEN TO RESTORE CONSCIOUSNESS

Cardiac Arrest Secondary to Opioid Overdose

0.1 mg / kg [IV/IO/IM/IN/ETT]
Maximum Total Dose: 4 mg

Opioid Overdose with Inadequate Respiration / Oxygenation / Ventilation

0.1 mg / kg [IV/IO/IM/IN/ETT]
Titrate to adequate ventilation and oxygenation.
NOT GIVEN TO RESTORE CONSCIOUSNESS