

gradually, or respirations may cease abruptly; lower limits of normal are not established for children, but any significant change from a previous rate calls for increased vigilance. A slower respiratory rate does not necessarily reflect decreased arterial oxygenation; an increased depth of ventilation may compensate for the altered rate. If respiratory depression or arrest occurs, be prepared to intervene quickly (see [Nursing Care Guidelines](#) box).

## **Nursing Care Guidelines**

### **Managing Opioid-Induced Respiratory Depression**

#### **If Respirations Are Depressed**

Assess sedation level.

Reduce infusion by 25% when possible.

Stimulate patient (shake shoulder gently, call by name, ask to breathe).

Administer oxygen.

#### **If Patient Cannot be Aroused or Is Apneic**

Initiate resuscitation efforts as appropriate.

Administer naloxone (Narcan):

- For children weighing less than 40 kg (88 lbs.), dilute 0.1 mg naloxone in 10 ml sterile saline to make 10 mcg/ml solution and give 0.5 mcg/kg.
- For children weighing more than 40 kg (88 lbs.), dilute 0.4-mg ampule in 10 ml sterile saline and give 0.5 ml.

Administer bolus by slow intravenous (IV) push every 2 minutes