Mount Sinai

Clinical Guideline for Opioid Overdose in the Emergency Dept.
Dept. of Emergency Medicine, Mount Sinai Health System

How long should patients be monitored?

Monitor ≥1 hour (since EMS or ED arrival): short-acting opioid used, naloxone was not administered.
Monitor ≥2 hours (since naloxone): daytime setting and the patient is with a companion.
Monitor ≥3 hours (since naloxone): overnight setting, or the patient is not with a companion, or a long-acting opioid was used, or patient has sleep apnea or significant cardiopulmonary disease.

Discharged patients should also meet the following criteria: at baseline mobility, GCS 15, SpO2 ≥93% on room air, RR 10-20.

Which ED area should patients be monitored in?

There is no specifically designated area. Care in the Resuscitation zone is not routinely indicated after pre-hospital naloxone unless active respiratory depression, a naloxone infusion, or other concerns warrant care in the Resuscitation zone.

Patients should be re-assessed for recurring opioid toxicity. Naloxone's effect duration is approximately 30-90 min (varies by route/dose). Be cautious if long-acting opioid overdose suspected (eg methadone, OxyContin), concomitant sedative exposure (eg alcohol), or underlying sleep apnea or cardiopulmonary disease.

What is an appropriate naloxone dose?

Efforts should be made to use the lowest effective dose. Consider a slow IV push of 0.04 mg/minute, with simultaneous use of a Bag Valve Mask as needed. The goal is reversal of respiratory depression; targeting full reversal (eg administration for lethargy without respiratory depression) risks precipitated opioid withdrawal and is not routinely recommended.

Most patients respond by 0.4-0.8 mg IV, or less. Consider alternate diagnoses if there is no response at 2-4 mg, based on clinician judgement.

If opioid toxicity recurs after a naloxone bolus, consider re-bolusing then starting a naloxone infusion at 2/3 the total bolus dose per hour.

Do patients routinely require 1:1 observation?

No, unless there is concern for suicidal ideation or other indications. All patients should be screened for suicidal ideation.

Are patients permitted to leave prior to the recommended monitoring duration?

After naloxone, patients should be encouraged to remain for the duration of monitoring. Capacity and patient understanding of risks should be documented. The treating clinician can choose a regular or Against Medical Advice discharge based on their assessment.