naloxone

400microgram/mL injection

Note

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

SA Health does not accept responsibility for the quality or accuracy of material on websites linked from this site and does not sponsor, approve or endorse materials on such links.

Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Dose and Indications

Opioid-Induced Respiratory Depression

Intravenous or Intramuscular

100micrograms/kg/dose, repeated at 2 to 3 minute intervals if required.

Preparation and Administration

Intravenous or Intramuscular

This solution contains:

Dose	100micrograms	200micrograms	300micrograms	400micrograms
Volume	0.25mL	0.5mL	0.75mL	1mL

Given intravenously as a push.

Discard remaining solution.

Compatible Fluids

Glucose 5%, sodium chloride 0.9%

ISBN number: 978-1-74243-415-5
Endorsed by: South Australian Maternal & Neonatal Clinical Network
Last Revised: 8/11/2012
Contact: South Australian Neonatal Medication Guidelines Workgroup at:
NeoMed@health.sa.gov.au

Government of South Australia
SA Health

Adverse Effects

Naloxone can precipitate an acute withdrawal syndrome in infants of opioid-dependent mothers including seizures.

Monitoring

- Neonates should receive cardiorespiratory monitoring (e.g. pulse oximetry and respiratory rate as a minimum) for at least 4 hours after naloxone is used, ideally in at least a Level 4 Nursery.

Practice Points

- Naloxone is not recommended as part of the initial resuscitation of newborns with respiratory depression in the delivery suite. Before naloxone is given, practitioners should restore heart rate and colour by supporting ventilation
- Do NOT use naloxone in infants of opioid-dependent mothers as this is likely to precipitate acute withdrawal syndrome.
- As the action of most opioids is longer than naloxone repeated dosing may be necessary
- Subsequent doses should be based on clinical assessment and response of patient. If no response is seen after 2 or 3 doses, respiratory and central nervous depression is probably not secondary to opioids

Version control and change history

PDS reference: OCE use only

Version	Date from	Date to	Amendment
1.0	November 2012	current	Original version

ISBN number: 978-1-74243-415-5
Endorsed by: South Australian Maternal & Neonatal Clinical Network
Last Revised: 8/11/2012
Contact: South Australian Neonatal Medication Guidelines Workgroup at:
NeoMed@health.sa.gov.au