

naloxone

400micrograms/mL injection

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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%

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.

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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