Assessment

1. Assess the patient's airway, breathing, circulation, and mental status
2. Support the patient's airway by positioning, oxygen administration, and ventilator assistance with a bag valve mask if necessary
3. Assess the patient for other etiologies of altered mental status including hypoxia (pulse oximetry less than 94%), hypoglycemia, hypotension, and traumatic head injury
4. Legally prescribed opioids are also manufactured as an adhesive patch for transdermal absorption, and if found, should be removed from the skin

Treatments and Interventions

1. Critical resuscitation (opening and/or maintaining the airway, provision of oxygen, ensuring adequate circulation) should be performed prior to naloxone administration
2. If the patient has respiratory depression from a confirmed or suspected opioid overdose, consider naloxone administration
    a. The administration of the initial dose or subsequent doses can be incrementally titrated until respiratory depression is reversed
3. Naloxone can be administered via the IV, IM, IN, or ETT routes. As the ETT route is not very effective, its use should be reserved for dire circumstances with a patient in extremis with no other choice
    a. **Adults**: The typical initial adult dose ranges between 0.4–2 mg IV, IM, up to a dose of 4 mg IN or 5 mg ETT
    b. **Pediatrics**: The pediatric dose of naloxone is 0.1 mg/kg IV, IM, IN, or ETT
        i. Maximum dose of 2 mg IV, IM, or ETT
        ii. Maximum dose of 4 mg IN
4. Naloxone can be administered via the IV, IM, IN, or ETT routes. As the ETT route is not very effective, its use should be reserved for dire circumstances with a patient in extremis with no other choice
    a. **Adults:** The typical initial adult dose ranges between 0.4–2 mg IV, IM, up to a dose of 4 mg IN or 5 mg ETT
    b. **Pediatrics**: The pediatric dose of naloxone is 0.1 mg/kg IV, IM, IN, or ETT
        i. Maximum dose of 2 mg IV, IM, or ETT
        ii. Maximum dose of 4 mg IN
    c. Naloxone provided to laypersons and non-medical first responders via public access programs or prescriptions may be provided as a pre-measured dose in an auto-injector or nasal spray or as a pre-measured, but variable, dose and/or concentration in a needleless syringe with a mucosal atomization device (MAD) on the hub
    d. Naloxone auto-injectors contain 0.4 mg/0.4 mL or 2 mg/0.4 mL
        i. The cartons of naloxone auto-injectors prescribed to laypersons contain two naloxone auto-injectors and one trainer
    e. Naloxone nasal spray is manufactured in a single-use bottle that contains 4 mg/0.1 mL
    f. For the intranasal route when naloxone is administered via a needleless syringe (preferably with MAD on the hub), divide administration of the dose equally between the nostrils to a maximum of 1 mL per nostril
    g. The administration of naloxone can be titrated until adequate respiratory effort is achieved if administered with a syringe IV, IM, IN, or ETT
    h. Naloxone has no benefit in the treatment of cardiac arrest. Do not delay other