



## 7. NALOXONE (NARCAN) PUBLIC SAFETY AND EMR

### a) Pharmacology

Reverses all effects due to opioid (morphine-like) agents. This drug will reverse the respiratory depression and all central and peripheral nervous system effects.

### b) Pharmacokinetics

- (1) Onset of action is within a few minutes with intranasal (IN) administration.
- (2) Patients responding to naloxone may require additional doses and transportation to the hospital since most opioids/narcotics last longer than naloxone.
- (3) Has no effect in the absence of opioid/narcotic.

### c) Indications

To reverse respiratory depression induced by opioid/narcotic agent.

### d) Contraindications

Patients under 28 days of age

### e) Adverse Effects

Opioid withdrawal

### f) Precautions

- (1) Naloxone may induce opiate withdrawal in patients who are physically dependent on opioids.
- (2) Certain drugs may require much higher doses of naloxone for reversal than are currently used.
- (3) Should be administered and titrated so respiratory efforts return, but not intended to restore full consciousness.
- (4) Intranasal naloxone must be administered via nasal atomizer.
- (5) Naloxone has a duration of action of 40 minutes; the effect of the opioid/narcotic may last longer than naloxone and patients should be encouraged to be transported.



PROVIDERS MUST CONTACT A BASE STATION PHYSICIAN FOR PATIENTS WISHING TO REFUSE TRANSPORT AFTER BLS ADMINISTRATION OF NALOXONE.

### g) Dosage

- (1) Adult: Administer 2 mg IN, dividing administration of the dose equally between the nares to a maximum of 1 mL per nare, **OR** administer 4 mg/0.1 mL IN in one nare.
- (2) Pediatric (child aged 28 days to adult): Administer 2 mg IN, dividing administration of the dose equally between the nares to a maximum of 1 mL per nare, **OR** administer 4 mg/0.1 mL IN in one nare.
- (3) Repeat as necessary to maintain respiratory activity.