



26. NALOXONE (NARCAN)

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 if administered IVP and within 5 minutes if administered IN.
- (2) Intramuscular and pediatric/neonatal endotracheal administration results in a slower onset of action.
- (3) Patients responding to naloxone may require additional doses and transportation to the hospital since most opioids last longer than naloxone.
- (4) Has no effect in the absence of opioids

c) Indications

To reverse respiratory depression induced by opioids

d) Contraindications

Patients under 28 days of age.

e) Adverse Effects

Opioid withdrawal

f) Precautions

- (1) Naloxone may induce opioid withdrawal in patients who are physically dependent.
- (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

g) Dosage

- (1) Adult: Administer 0.4–2 mg IVP/IO (titrated)/IM/IN (if delivery device is available, divide 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. Repeat as necessary to maintain respiratory activity.
- (2) Pediatric: Administer 0.1 mg/kg IVP/IO (titrated)/IM/IN (if delivery device is available, divide 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. May be repeated as necessary to maintain respiratory activity. ET dose: 0.2–0.25 mg/kg