



**Pharmacologic properties:**

Naloxone is a competitive mu opioid receptor antagonist. The drug antagonizes the effects of opiates by competing at the same receptor sites. Onset of action is 1-2 minutes; the duration of action is 1-4 hours.

**Indications:**

- Naloxone is indicated for the reversal of narcotic intoxication with respiratory depression
- Altered mental status (unknown cause)

**Contraindications:**

- Known hypersensitivity

**Precautions:**

- Use caution during administration as patient may become agitated or violent as level of consciousness increases
- Should be administered cautiously to persons who are known or suspected to be physically dependent on opiates, including newborns of dependent mothers – may precipitate acute withdrawal
- Naloxone has a relatively short half-life compared to many narcotics, monitor closely for the need to repeat dose
- Naloxone is not effective against a respiratory depression due to non-opioid drugs
- **Patients who become responsive secondary to naloxone administration are not authorized to refuse medical care transport all such patients as medically incapacitated**

**Adverse Reactions:**

- Tremor, Agitation, Belligerence, Pupillary dilation, Seizures, Sweating, Hypertension, Hypotension, Ventricular tachycardia, Pulmonary edema, Ventricular fibrillation, Nausea and Vomiting

**Dosage and administration:**

**Adult**

- Administer 0.4mg SLOWLY IV/ IO/ IM as needed to improve respiratory drive to a sustainable level.
- Intranasal via MAD 1 cc per nostril (1 mg per nostril)

**Pediatric**

- Administer Naloxone, 0.1 mg/kg SLOWLY IV / IO. Do not exceed a single-dose of 2 mg
- Intranasal via MAD 0.5 cc per nostril (0.5 mg per nostril)

**MCP**

- Additional doses of Naloxone