



NALOXONE HYDROCHLORIDE (NARCAN)



Escambia County, Florida - ALS/BLS Medical Protocol

ACTIONS

The mechanism of action is not fully understood. It does appear that Naloxone antagonizes the effects of opiates by competing at same receptor sites.

When given IV, the action is apparent within two minutes. IM or SC administration is slightly slower.

INDICATIONS

Naloxone is indicated for the complete or partial reversal of opiate narcotic depression and respiratory depression secondary to opiate narcotics or related drugs:

1. Heroin.
2. Meperidine (Demerol).
3. Codeine.
4. Morphine.
5. Methadone.
6. Lomotil.
7. Hydromorphone (Dilaudid).
8. Pentazocine (Talwin).
9. Propoxyphene (Darvon).
10. Percodan.
11. Fentanyl (Sublimaze) (Known on the street as “white china”)



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Approved by:


Charles Neal, D.O. Medical Director



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Naloxone can also be used for suspected acute opiate overdose.

CONTRAINDICATIONS

Naloxone is contraindicated in patients known to be hypersensitive to it.

ADVERSE REACTIONS AND SIDE EFFECTS

CNS: Tremor, agitation, belligerence, pupillary dilation, seizures, increased tear production, sweating, seizures secondary to withdrawal.

Cardio: Hypertension, hypotension, ventricular tachycardia, pulmonary edema, ventricular fibrillation.

GI: Nausea, vomiting.

WARNING

Naloxone should be administered cautiously to persons, (including newborns of mothers), who are known or suspected to be physically dependent on opiates - may precipitate an acute abstinence syndrome.

May need to repeat Naloxone since duration of action of some narcotics may exceed that of Naloxone.

Naloxone is not effective against a respiratory depression due to non-opiate drugs.

Use caution during administration as patient may become violent as level of consciousness increases.



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DOSAGES

Adult: An initial dose of 2 mg may be administered IV, IM, SC, or ET.

May repeat in 2-3 minutes.

If no response after 10 mg, then condition is probably not due to narcotic.

(Fentanyl may require large doses of Naloxone to reverse effects)

Pediatric: 0.1 mg/kg IV, IM, IO, ET or SC.

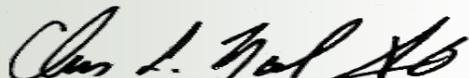
May repeat with 0.1 mg/kg if no improvement is noted.



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