



REGIONAL PEDIATRIC PARENTERAL DRUG MONOGRAPH

GENERIC NAME

naloxone

Effective Date: Dec 2011

Revised Date: Nov13-2013

CLASSIFICATION
Narcotic antagonist

OTHER NAMES
Narcan

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ADMINISTRATION POLICY:

- IV bolus – May be administered by a nurse
- IV continuous – **Restricted to physicians in consultation with WRHA Children’s Hospital**
- Intramuscular – May be administered by a nurse
- Subcutaneous – May be administered by a nurse
- Intraosseus (IO) – **Administration restricted to ED**
- Umbilical Catheter (UC) – **Administration restricted to LDRP**

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 0.4 mg/mL – 1 mL ampoule

- IV Bolus:** Administer over at least 1 minute
- Intramuscular, Subcutaneous:** Administer undiluted
- Intraosseus:** Administer undiluted OR diluted with sterile water. Refer to IV bolus
- Umbilical Catheter:** No special considerations. Refer to IV bolus

Maximum Concentration: 0.4 mg/mL

DOSAGE:

Opiate Induced Respiratory Depression (includes neonates at birth and/or resuscitation procedures):

- IV bolus, IM, Subcutaneous, IO, UC: Repeat dose at 2-3 minute intervals as necessary until opiate effects reversed
- Neonates: 0.1 mg/kg/dose
- Less than 5 years of age or less than 20 kg: 0.4 to 2 mg/dose (start at 0.4 mg)
- Greater than or equal to 20 kg: 2 mg per dose (maximum of 10 mg; if no effect query diagnosis)
- Adolescent: 0.4-2 mg per dose (maximum of 10 mg; if no effect query diagnosis)

Partial Reversal of Opiate Induced Respiratory Depression: (during treatment of acute or chronic pain)

- IV, IM: Repeat dose at 2-3 minute intervals to the desired degree of reversal
- Less than 20 kg: 0.005 - 0.01 mg/kg/dose
- Greater than 20 kg: 0.1 – 0.2 mg per dose

- Renal Impairment: No dosage adjustment required.
- Hepatic Impairment: No information. Metabolized in the liver.
- Obesity: Dose based on actual body weight.

STABILITY/COMPATIBILITY:

- Stability of multidose vial:** N/A
- Stability of Final Admixture:** Dilution in sterile water: use immediately; discard unused portion
- Compatibility:** Compatible with normal saline, D5W, D10W, dextrose-saline solutions



REGIONAL PEDIATRIC PARENTERAL DRUG MONOGRAPH

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PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- CV: hyper or hypotension (uncommon); cardiac dysrhythmias
- GI: Nausea and vomiting post opiate depression
- Neuro: Tremors and hyperventilation accompany abrupt return to consciousness. Seizures reported in adults.
- Resp: Pulmonary edema (rare)
- May precipitate withdrawal symptoms in addicted individuals.
- Caution with pre-existing cardiac disease – reversal may precipitate dysrhythmias

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- In the absence of a narcotic agent the drug has no effects
- Onset of action within 30 seconds to 5 minutes with duration of action of 20 - 60 minutes
- The duration of action of opioids is often greater than that of naloxone, therefore repeat doses may be necessary
- **Required monitoring**
Opiate reversal: HR, BP, RR and rhythm: Baseline and every 20 minutes x 2 (naloxone has shorter duration than the opiates).