

NALOXONE (*Narcan*) (B1)

(Revised: January 2014)



TYPE:	Narcotic antagonist [S4]
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PRESENTATION:	varies frequently – check before use
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ACTION:	Reverses the effects of narcotic analgesics. IV – onset: 1 – 2 minutes; duration: 30 – 45 minutes. IM : timing unknown, but thought to have a slightly longer onset and duration than when given IV.
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USES:	ICP	1. Coma	AP
	ICP	2. Drug overdose and poisoning	AP
	ICP	3. Use in situations where there is significant decrease in level of consciousness; where there is hypoventilation <i>and/or</i> loss of protective reflexes; and where overdose of narcotics cannot be positively excluded	AP

ADVERSE EFFECTS:	1. May precipitate acute withdrawal syndrome in narcotic addicts 2. Occasional aggressive behaviour following reversal 3. Nausea and vomiting
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CONTRA-INDICATION:	Known hypersensitivity
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continues over

NALOXONE (*Narcan*) (B1) – cont.



DOSES:

ADULT:

ICP	1 st dose: 0.8mg IM	AP
ICP	2 nd dose: 0.8mg IM OR	AP
ICP	2 nd and subsequent doses: 0.4mg IV increments, fast push. May repeat IV dose up to 3 times (to maximum of 2mg). (All doses may be administered IM or IV as the situation demands).	

PAEDIATRIC:

ICP	IM: 0.01mg/kg Repeat after 2 – 5 minutes if no effect. Maximum paediatric dose: 3 x calculated doses.	AP
ICP	IV: 0.01mg/kg – fast push Maximum paediatric dose: 3 x calculated doses. (All doses may be administered IM or IV as the situation demands).	

SPECIAL NOTES:

- When used IV, the effect may wear off rapidly, especially if a large dose of narcotic has been taken. An IM dose is highly recommended if the patient is likely to refuse transport.
- Special care is needed if long-acting agents are known or suspected to have been used (e.g. MS Contin, methadone, etc). In this case, give a larger IM dose and strongly encourage transport to hospital.