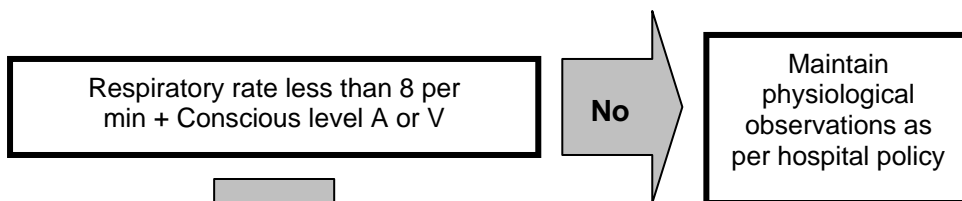


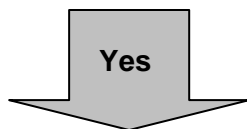
Guidelines for Administration of Naloxone (Narcan) for Opioid induced

Respiratory Depression

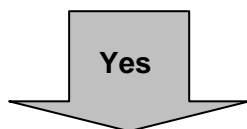
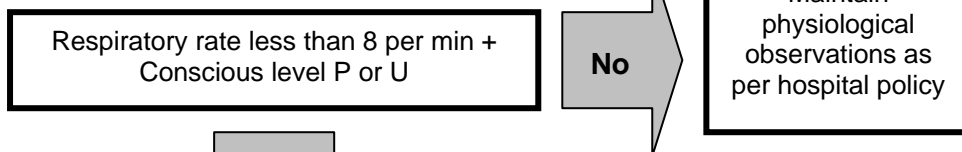


Conscious Level

A – Awake
V – Voice
P – Pain
U – Unresponsive



- Stop opioid administration and/or remove PCA/PCEA handset from patient.
- Administer 40% oxygen via face mask.
- Monitor and reassess at regular 15 minute intervals until RR > 8.
- Contact pain team.
- Naloxone administration is not warranted at this stage.



- Stop opioid administration and/or remove the PCA/PCEA handset.
- Attempt to waken patient.
- Administer 100% oxygen via a non re-breathing mask.
- Seek urgent assistance from on-call anaesthetist/outreach team/pain team. If respiratory arrest has occurred ring 2222.
- Support ventilation by face mask or Ambu-bag if rate declines further or if respiratory depression persists.
- Administer 100-200 micrograms naloxone IV immediately.
- Document in case notes.
- Repeat this dose if no or limited response after 2 minutes.
- Be aware that respiratory depression can return as the naloxone may act for a shorter time period than the opioid. Consider naloxone infusion.

Preparation & Administration of Naloxone

The ampoules contain 400micrograms/ml of naloxone.

Dilute 1ml of naloxone 400micrograms/ml with 7mls of normal saline to give 8mls of a 50micrograms/ml solution.

Give 2mls (100micrograms) IV of this mixture. If no IV access is available - give IM.

Titrate the dose to reverse respiratory depression without reversing analgesia.

If no response after 2 minutes repeat to a maximum of 400micrograms (8mls).

Preparation for infusion

- Add 2mg of naloxone to 500ml of normal Saline or Dextrose 5% (this gives a final concentration of 4micrograms/ml).
- Usual infusion rate is 25-100ml/hr (100-400micrograms/hr).
- Rate of infusion should be adjusted according to the response, and can be increased up to 200ml/hr (800micrograms/hr).