

**NALOXONE (NARCAN)**

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**Description**

Naloxone is a competitive opioid receptor antagonist

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**Indications**

- For reversal of suspected opioid-induced CNS and respiratory depression
  - Coma of unknown origin with impaired airway reflexes or respiratory depression
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**Adverse Reactions**

- Tachycardia
  - Nausea and vomiting
  - Pulmonary Edema
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**Dosage and Administration****Adult:**

0.5 mg IV/IO/IM/IN and titrate to desired effect, up to 2 mg total  
In cases of severe respiratory compromise or arrest, 2 mg bolus IV/IO/IM is appropriate, otherwise drug should be titrated.

Higher doses of Narcan may be required with newer synthetic opioids. In suspected cases of new synthetic opioid overdose, higher doses may be used (titrate to effect) if insufficient response to 2 mg. Routine use of high dose Narcan should be avoided.

**Pediatrics:**

0.5 mg IV/IO/IM/IN and titrate to desired effect, up to 2 mg total

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**Onset & Duration**

- Onset: Within 5 minutes
  - Duration: 1-4 hours
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**Protocol**

- Universal Altered Mental Status
  - Poisoning/Overdose
  - Drug/Alcohol Intoxication
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**NARCAN (CONTINUED)**

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**Special Considerations**

- Not intended for use unless respiratory depression or impaired airway reflexes are present. Reversal of suspected mild-moderate opioid toxicity is not indicated in the field as it may greatly complicate treatment and transport as narcotic-dependent patients may experience violent withdrawal symptoms.
- Patients receiving EMS administration of Narcan **should** be transported to a hospital.
- There are significant concomitant inherent risks in patients who have received Narcan, including:
  - Recurrent respiratory/CNS depression given the short ½ life of Narcan.
  - Co-existing intoxication from alcohol or other recreational or prescription drugs.
  - Acetaminophen toxicity from combination opioid/acetaminophen prescriptions
  - Non-cardiogenic pulmonary edema associated with Narcan use
  - Acute psychiatric decompensation, overdose, SI/II or psychosis requiring ED evaluation.
  - Sudden abrupt violent withdrawal symptoms which may limit decision making capacity
- Given the above risks, it is strongly preferred that patients who have received Narcan be transported and evaluated by a physician. However, if the patient clearly has decision-making capacity he/she does have the right to refuse transport. If adamantly refusing, patients must be warned of the multiple risks of refusing transport.
- CONTACT BASE if the patient refuses transport. Err on the side of transport if any concerns about decision-making capacity exist.

**“Leave Behind Naloxone” Program:**

- Opioid overdose is a leading cause of death in the United States.
- Providing overdose prevention, recognition, and education saves lives.
- EMS personnel are encouraged to distribute the “Leave Behind Naloxone” kits to anyone at risk for opioid overdose (or to friends/family of those that are at risk). These kits are provided free of charge through a federally funded program.
- Kits distributed on EMS calls should be documented in the WATRS report.