



ADULT



NALOXONE

This document should be read in conjunction with this [DISCLAIMER](#)

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| <p>Presentation</p> | <p>Ampoule: 400microgram/mL</p> <p>Combination Products: Oxycodone/Naloxone Modified Release Tablets (Targin®): 2.5/1.25mg, 5/2.5mg, 10/5mg, 20/10mg, 40/20mg Buprenorphine/Naloxone sublingual films (Suboxone®): 2mg/500microg, 8mg/2mg</p> |
| <p>Dose</p> | <p><u>Reversal of opioid toxicity</u> Refer to Adult Resuscitation Drug Protocol - Naloxone and Epidural Complications and Post-Operative Pain</p> <p><u>Relief of intrathecal opioid induced itch</u> Intravenous: 50 – 150 microgram, hourly when necessary.</p> <p><u>CPOP</u> Sublingual: Refer to Community Programme for Opioid Pharmacotherapy patients in the hospital setting</p> |
| <p>Administration</p> | <p>Refer to KEMH Clinical Guidelines (links below)</p> <p><u>IV injection:</u> <i>Preferred route</i></p> <p style="text-align: center;">Option A</p> <p>Administration: Inject undiluted at 2 to 3 minute intervals.</p> <p style="text-align: center;">Option B (for small doses)</p> <p>Dilution: Dilute 400microg (one ampoule) to 8mL with Water for Injections of Sodium Chloride 0.9%. Concentration is 50microg/mL</p> <p>Administration: Inject as directed</p> |

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| | <p><u>IV infusion:</u></p> <p><i>Dilution:</i> Dilute 2 mg (5 ampoules) in 500 mL of Sodium Chloride 0.9% or Glucose 5%. Concentration is 4 microgram/mL</p> <p><i>Administration:</i> Give as a continuous infusion.</p> <p><u>IM injection:</u></p> <p>Suitable if the IV route is not available. Inject into the upper arm or thigh. In an emergency, the injection can be given through clothing. Repeat the dose after 3 to 5 minutes if the person is still not breathing.</p> <p><u>SUBCUT injection:</u></p> <p>Suitable if the IV route is not available.</p> |
| Pregnancy | <p>There are limited published reports describing the use of naloxone in pregnancy, other than during labour. If acute opioid toxicity is evident in the pregnant woman, naloxone therapy should not be withheld, but monitoring of infant respiratory and heart rate is recommended.</p> <p>Contact the Obstetrics Medicines Information Service for more information.</p> |
| Breastfeeding | <p>Considered safe to use - monitor breastfed infants of opioid-dependent women for signs of withdrawal.</p> <p>Contact the Obstetrics Medicines Information Service for more information.</p> |
| Monitoring | <p>Sudden or complete reversal of opioid overdose may cause agitated delirium in opioid-dependent patients and myocardial infarction in elderly patients or those with coronary artery disease. To avoid acute withdrawal titrate doses of 50–200 microgram every 2 to 3 minutes.</p> <p>Naloxone has a short duration of action (half-life in adults is approximately 1 hour). A continuous infusion may be required to reverse the effect of a long-acting opioid such as methadone or sustained-release forms of morphine or oxycodone. Monitor level of sedation and respiratory function</p> |
| Clinical Guidelines and Policies | <p>Adult Resuscitation Drug Protocol - Naloxone</p> <p>Epidural Complications</p> <p>Epidural and Spinal- Side Effects</p> <p>Post-Operative Pain</p> <p>Intrathecal Morphine</p> <p>Intramuscular Morphine</p> <p>Pethidine Intramuscular Administration in Labour</p> <p>Intravenous Patient-Controlled Analgesia in Labour</p> <p>Recognising and Responding to Clinical Deterioration</p> <p>Palliative Care</p> |

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