Naloxone (Narcan)

Naloxone is a narcotic antagonist that exhibits almost no pharmacological activity of its own. Naloxone displaces narcotic molecules from opiate receptors in the brain. It is used mainly to reverse the respiratory depression associated with narcotic agents.

Indications and Administration

1. For coma and respiratory depression of unknown etiology.
   a. **Adult -** 0.4 - 2.0 mg IV, IO, IM, or atomized. May repeat if needed.
   b. **Pediatric -** 0.01 mg/kg if ≤ 5 y/o or ≤ 20 kg 0.4 - 2.0 mg if > 5 y/o or > 20 kg May give IV, IO, IM, or atomized. May repeat as needed.

Notes

1. With an endotracheal tube in place and assisted ventilation, narcotic overdose patients may be safely managed without naloxone.
2. In patients physically dependent on narcotics, naloxone may precipitate violent withdrawal symptoms. Patients suspected of narcotic dependency should receive Naloxone titrated to effect. The goal is to improve or maintain spontaneous respiration while minimizing withdrawal symptoms.
3. The duration of some narcotics is longer than naloxone. Repeated doses of naloxone may be required. Patients who have received this drug must be transported to the hospital because coma may reoccur when naloxone wears off.
4. Some narcotics, such as propoxyphene (Darvon) may require higher doses to reverse.
5. This drug itself is remarkably safe and free from side effects. However, always consider titrating to effect.
6. Naloxone will reverse the chest wall rigidity that can result as a side effect of fentanyl administration. Do not give as a rapid push. Titrate slowly to effect.
7. Naloxone can rarely cause pulmonary edema. This typically occurs two or more hours after administration.