

Naloxone Administration

Aliases: Opioid overdose medication

Indications: Decreased level of consciousness associated with respiratory depression from **Opioid Overdose**, without other apparent cause (e.g., stroke, hypoglycemia).

MCA Selection for Naloxone Administration

MFR EMT

Procedure:

Consider administration of Naloxone when:

1. Ventilations have been established and patient has not regained consciousness.
2. There is more than 1 rescuer on scene for personnel safety precautions.
3. Treatment goal is to restore effective respirations; the patient need not be completely awakened.
4. Per MCA Selection (below), administer Naloxone intramuscular auto injection OR Intranasal via prefilled syringe with atomizer (half the dose in each nostril), OR Narcan® Nasal Spray. May repeat one time in 3-5 minutes if effective respirations not restored.

MFR/EMT Administration Options (MUST SELECT AT LEAST ONE):

- Naloxone Intramuscular Auto Injector 0.4mg IM (Adults Only)
- Narcan® Nasal Spray 4 mg (Adults Only)
- Naloxone Prefilled-2 mg/2 ml IN via Atomizer
 - Adult and child over 3 years: 2ml
 - Pediatric Dosing:
 - Up to 3 months: 0.5 ml
 - 3 months up to 18 months: 1 ml
 - Children 19-35 months: 1.5 ml

- S** 5. Administer Naloxone IM, IN or slowly IV, titrating to restore effective respirations.
- Adult: 2 mg IM, IN or IV
 - Pediatric: 0.1mg/kg IM/IN/IV-Refer to the MI-MEDIC Cards for proper dosing.

SPECIALIST/PARAMEDIC Administration Options (Must select at least one):

- Naloxone 2.0 mg/2ml IM, or IV
 - Adult and child over 3 years: 2ml.
 - Pediatric Dosing:
 - Up to 3 months: 0.5 ml
 - 3 months up to 18 months: 1 ml
 - Children 19-35 months: 1.5 ml
- Naloxone Prefilled-2 mg/2 ml IN via Atomizer –
 - Adult and child over 5 years: 2 ml
 - Distribute half of the dose in each nostril.
 - Up to 3 months: 0.5 ml
 - 3 months up to 18 months: 1 ml
 - Children 19-35 months: 1.5 ml

- Repeat every 3-5 minutes as needed to restore effective respirations. Note IN Naloxone should only be repeated one time.
- Treatment goal is restoration of effective respirations; the patient need not be completely awakened.
- Transport supporting ventilations as needed
- Notify medical control.