

Subject: Scope of Practice/Procedure - ALS
Naloxone (Narcan)

Associated Policies:

- I. Class
 - A. Opioid antagonist.
- II. Indications
 - A. Opioid overdose.
 - B. Altered level of consciousness or unconsciousness of unknown etiology.
- III. Therapeutic Effect
 - A. Reverse's action of opioid drugs.
- IV. Contraindications
 - A. Absolute:
 - 1. None.
 - B. Relative:
 - 1. Use caution in opioid-dependent neonate as it may precipitate seizures.
- V. Adverse Effects
 - A. May cause acute withdrawal symptoms.
 - B. Tachycardia.
 - C. Hypertension.
 - D. Dysrhythmias.
 - E. Nausea and vomiting.
 - F. Pulmonary edema.
- VI. Administration and Dosage
 - A. Adult: 0.4-2.0 mg IV, IM, ET, IO, or IN, may repeat as needed. ET doses 2-2.5 times normal dose and should only be used if other routes of administration are unavailable. IN dose is 2mg / 2cc administered 1mg/cc to each nostril or 4mg/1cc with preloaded Narcan® device per NCEMS Policy # 6551.
 - B. Pediatric: Greater than 20 kgs 0.4-2.0 mg IV, IM, IO, or IN, may repeat as needed. IN dose is 2mg / 2cc administered 1mg/cc to each nostril or 4mg/1cc with preloaded Narcan® device per NCEMS Policy # 6551.
 - C. Neonate/Infants less than 20kg: 0.01mg/kg - 0.1 mg/kg IV, IM, or IO.
- VII. Special Information
 - A. Duration of the action of naloxone is shorter than the duration of narcotics, repeated doses may be necessary.
 - B. Naloxone can reverse adverse effects of Morphine and Fentanyl.