# Naloxone (Narcan)

<table>
<thead>
<tr>
<th>CLASS</th>
<th>Narcotic antagonist</th>
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<tbody>
<tr>
<td>ACTION</td>
<td>Reverses the effects of narcotics by competing for and blocking opiate receptors.</td>
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## Indications
- For complete or partial reversal of narcotics including: morphine, demerol, heroin, dilaudid, paregoric, percodan, fentanyl, methadone.
- For complete or partial reversal of synthetic narcotics such as: nubain, stadol, talwin, darvon.
- Coma of unknown origin with suspected narcotic involvement.
- Alcoholic coma

## Contraindications
- Known hypersensitivity to the drug

## Precautions
- Administer with caution to patients dependent upon narcotics as it may cause withdrawal effects including seizures.
- Narcan is a short acting drug and the dose may need augmentation every 5 minutes.
- Larger than average doses (2-5 mg) may be needed for management of Darvon overdose or alcoholic coma.
- The patient may become combative upon reversal of the opiate. Appropriate precautions should be taken prior to administration to ensure the safety of emergency providers.

## Side Effects
- Nausea; vomiting
- Tremors
- Sweating
- Hypertension

## Route
- IV
- IM
- Endotracheal (ET)

## Dose
- 2 mg IVP.
- May repeat in 2 to 3 minute intervals for 2 to 3 doses if no response.
- Failure to obtain reversal after 2 to 3 doses indicates other disease process or overdose on other non-opioid type drugs.

## Pediatric Dose
- Less than 20 kg = 0.1 mg/kg  Maximum dose 2 mg
- Greater than 20 kg = 2 mg single dose
- Utilize Broselow tape or pediatric weight based dosing chart to confirm dose
- Reference policy PED-12.2

## Onset
- IV = Immediate
- IM = 5 to 10 minutes

## Duration
- 20 to 30 minutes

## Stock
- (1) 10 mL vial (0.4 mg/mL)