

NALOXONE

NOTE - DOSAGE CHANGES (Dec 2006)

ACTION and USES

Naloxone reverses effects of opiates such as pethidine and diamorphine. It DOES NOT antagonise non-opiate drugs such as benzodiazepines. It is used as an adjunct for resuscitation of opiate-induced respiratory depression. Do not prescribe for less than 34 weeks gestation babies, or if mother is a known opiate abuser.

DOSAGE

Intramuscularly: 200 microgram (0.5ml)/dose. Further IM doses are unlikely to be required.

Intravenous: 10 microgram/kg/dose repeat after 2-3 minutes.

ADMINISTRATION

Intramuscular dose should be given into the anterior thigh. Occasionally IV route by slow bolus over 3 minutes can be used. Onset of action by IM route is about 3-5 minutes and lasts 18-24 hours, by IV route the onset of action is faster by duration is only 3-4 hours.

RECONSTITUTION

Naloxone is available as 400 microgram/ml in a 1ml ampoule. Reconstitution is not required.

Dilute for IV bolus only.

Naloxone 40 microgram/ml

Add 1ml of 400 microgram/ml to 9ml of sodium chloride injection 0.9% (i.e. total 10ml). Shake well to mix.

Other compatible diluent

glucose 5%.

INCOMPATIBILITIES

Do not mix or infuse with any other drugs (no data available).

STORAGE

Use diluted solution immediately, do not store.

MONITORING

Due to risk of IVH, it must not be given to babies < 34 weeks gestation. Naloxone can precipitate acute withdrawal symptoms and must not be given to babies if mother is a known opiate abuser. Hypotension, hypertension, arrhythmias, agitation, sweating, vomiting, irritability, shrill cry, failure to feed and rarely seizures can occur. Monitor respiratory rate, heart rate, BP and neurological status. Its duration of action is shorter than most commonly used opiates, monitor for return of unwanted effects and the need for further doses.