

ADULT Medication Monograph

NALOXONE (Parenteral and Oral / Sublingual)

This document should be read in conjunction with this **DISCLAIMER**

Formulary: Unrestricted

Class	Opioid Receptor Antagonist					
Presentation	Ampoule: 400microgram/mL					
	Combination Products					
	Combination Products:					
	Oxycodone/Naloxone Modified Release Tablets (Targin®):					
	2.5/1.25mg, 5/2.5mg, 10/5mg, 20/10mg, 40/20mg					
	Buprenorphine/Naloxone sublingual films (Suboxone®):					
	2mg/500microg					
	Nasal Spray: for information on the take-home pilot program see Naloxone Structured Administration and Supply Arrangements					
Storage	Store at room temperature, below 25°C					
	Protect from light.					
	Reconstituted infusion solutions must be used within 24 hours.					
Dose	Reversal of opioid toxicity					
	Refer to Adult Resuscitation Drug Protocol and Epidural Complications and Treatment of Severe Respiratory Depression.					
	Relief of intrathecal opioid induced itch					
	Intravenous:					
	50 – 150 microgram, hourly when necessary.					
	CPOP					
	Sublingual:					
	Refer to Community Programme for Opioid Pharmacotherapy patients in the hospital setting					

Administration	Refer to KEMH Clinical Guidelines (links below)				
	IV injection: Preferred route				
	Option A Administration: Inject undiluted at 2 to 3 minute intervals. See monitoring. Option B (for small doses)				
	Dilution: Dilute 400microg (one ampoule) to 8mL with Water for Injections of Sodium Chloride 0.9%. Concentration is 50microg/mL				
	Administration: Inject 50–200 microgram every 2 to 3 minutes to avoid acute withdrawal.				
	IV infusion:				
	Dilution: Dilute 2 mg (5 ampoules) in 500 mL of Sodium Chloride 0.9% of Glucose 5%. Concentration is 4 microgram/mL				
	Administration: Give as a continuous infusion.				
	The usual hourly rate of infusion is half to two-thirds of the total effective bolus dose, adjust according to clinical effect. Gradually reduce the dose when stopping the infusion.				
	IM injection: Suitable if the IV route is not available. Inject into the upper arm or thigh In an emergency, the injection can be given through clothing. Repeat the dose after 3 to 5 minutes if the person is still not breathing.				
	Subcut injection: Suitable if the IV route is not available.				
Prognancy	1 st Trimester: Monitoring required				
Pregnancy	2 nd Trimester: Monitoring required				
	3 rd Trimester: Monitoring required				
	There are limited published reports describing the use of naloxone in pregnancy, other than during labour. If acute opioid toxicity is evident in the pregnant woman, naloxone therapy should not be withheld, but monitoring of infant respiratory and heart rate is recommended.				
	Contact the Obstetrics Medicines Information Service for more information.				
Breastfeeding	Considered safe to use - monitor breastfed infants of opioid-dependent women for signs of withdrawal.				
Monitoring	Sudden or complete reversal of opioid overdose may cause agitated delirium in opioid-dependent patients and myocardial infarction in elderly				

patients or those with coronary artery disease. To avoid acute withdrawal titrate doses of 50–200 microgram every 2 to 3 minutes.

Naloxone has a short duration of action (half-life in adults is approximately 1 hour). A continuous infusion may be required to reverse the effect of a long-acting opioid such as methadone or sustained-release forms of morphine or oxycodone. Monitor level of sedation and respiratory function

Clinical Guidelines and Policies

WNHS Policies:

Adult Resuscitation Drug Protocols

Community Programme for Opioid Pharmacotherapy (CPOP)
Management in Hospital

Labour and Post-Operative Analgesia

Labour and Postoperative Analgesia (including epidural management)

Palliative Care

Post-Operative: Analgesia

Resuscitation Medications and Fluids

KEMH Pharmacy Medication Guidelines:

For information on the KEMH take-home Naloxone program, see Naloxone Structured Administration and Supply Arrangements

References

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The Royal Women's Hospital. Naloxone. In: Pregnancy and Breastfeeding Medicines Guide [Internet]. Parkville (Victoria): The Royal Women's Hospital; 2017 [cited 2020 Mar 27]. Available from: https://thewomenspbmg.org.au/

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	8 Acute Deterioration					

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Access the current version from the WNHS website.

For any enquiries relating to this guideline, please email KEMH.PharmacyAdmin@health.wa.gov.au

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