

## Naloxone Hydrochloride Administration Pathway for Adults

Give oxygen and if appropriate lay patient in recovery position.

**If RR is <8/min** (measured over 1 minute) **AND sedation score >2 or P/U (of ACVPU scale)**

**SUSPEND administrations of ALL opioids -  
and remove any opioid transdermal patches in situ**

**Emergency treatment of acute opioid overdose to reverse life threatening effects**

Administer 400microgram naloxone IV\*  
Give antiemetic

\*prescribe on CAS card or on EPMA under protocol & select high dose protocol

If no response after 1 min,  
administer 800microgram IV  
Repeat if no response after 1 min

If no response after 1 min,  
administer 2mg IV (4mg may be required)

**Max dose 10mg**

**Reversal of opioid respiratory depression and sedation where full reversal is not desirable eg acute pain, chronic opioid users & palliative care patients**

Administer 100microgram naloxone IV\*  
Give antiemetic

\*prescribe on CAS card or under protocol on EPMA and select low dose protocol

If no response after 1-2 mins, administer 100microgram naloxone IV

Can be repeated every 2 min to max dose of 400 microgram or until RR is 10/min or more and easy to rouse (i.e sedation score is 0 to 1 – or A to V if using ACVPU)

\*To prepare 100microgram- dilute 1mL of 400mcg/mL with 3mL sodium chloride 0.9%.  
This provides 100mcg/mL naloxone

- If a patient does not respond, a senior doctor must consider alternative diagnoses/causes
- If patient remains stable, continue close observations for the next hour