

**The Ottawa Hospital
Acute Pain Service
NALOXONE ADMINISTRATION CLINICAL GUIDELINE**

RR < 8 AND LOS > 2
Stop infusion; notify anesthesia

AIRWAY

- Ensure patent airway. If tongue is obstructing, place patient on side and insert nasal or oral airway

BREATHING

- Assess respiratory function (rate, rhythm, depth), SpO₂
- Stimulate patient, elevate head of bed if not contra-indicated.
- Administer 100 % oxygen non-rebreather mask

CIRCULATION

- Assess BP, pulse
- Ensure patent IV

SpO₂ ≥ 85%

Yes

No

Condition Improving with Supportive Therapy ?

RR < 8 ?

No

Yes

Yes

No

No improvement with interventions and strongly suspect opioid induced respiratory depression.

Naloxone likely not indicated

Continue supportive therapy; monitor and evaluate

Naloxone may be indicated and administered by MD. *The greater the patients' respiratory effort; the less likely Naloxone will be helpful.*
Continue supportive therapy; monitor and evaluate

Naloxone likely indicated and administered by MD if available.
OR
Naloxone administration by RN if MD not available.

NALOXONE ADMINISTRATION

- Dilute Naloxone 0.4 mg/ml with 9 ml NS (concentration 0.04 mg/ml)
- Administer 0.04 mg IV as rapid bolus, assess response and repeat bolus of 0.04 mg q 3 minutes as required.
- If no improvement after 3 boluses (total 0.12 mg), re-consider diagnosis

CONSIDERATIONS:

Potential complications of Naloxone in the narcotized patient:

- Abrupt reversal of analgesia
- Myocardial ischemia
- Severe hypertension
- Pulmonary edema
- Life-threatening cardiac dysrhythmias