

Naloxone for emergency use – Authorisation to Administer

Reason for naloxone:

Naloxone protocol initiated by _____

Date and time initiated _____

Prescriber signature _____

Opioid infusion/patch stopped at time _____

NB if Buprenorphine then use administration guide below

Oxygen commenced at time _____ **Resp Rate =** _____

By (staff signatures) _____

Dilute naloxone 400 micrograms (1ml ampoule) to 8ml with 0.9% sodium chloride for injection in a 10ml syringe.

This is now Naloxone 50 micrograms/ml strength injection.

Time 0 min	Naloxone	100 micrograms (2ml of solution made above)	IV slow bolus (30-60s) or SC or IM	Given by
	Flush cannula with 0.9% sodium chloride Given by:			
+2 mins	Resps are:- Staff signature			
If resps <8 breaths/min give:-				
	Naloxone	100 micrograms (2ml of solution made above)	IV slow bolus (30-60s) or SC or IM	Given by
	Flush cannula with 0.9% sodium chloride Given by:			
+4 mins	Resps are:- Staff signature			
If resps <8 breaths/min give:-				
	Naloxone	100 micrograms (2ml of solution made above)	IV slow bolus (30-60s) or SC or IM	Given by
	Flush cannula with 0.9% sodium chloride Given by:			
+6 mins	Resps are:- Staff signature			
If resps <8 breaths/min consider NALOXONE INFUSION				
ADMINISTRATION FOR BUPRENORPHINE OVERDOSE ONLY				
Time 0 min	Naloxone	2mg/5ml	IV slow bolus (90 seconds)	Given by
START NALOXONE INFUSION at 4mg/hour until the patient's condition is satisfactory (full reversal takes 40–60min).				

Naloxone Infusion – Authorisation to Administer

Date and time initiated _____ Prescriber signature _____				
There are two different options to make infusions depending on stocks available.				
1 x Naloxone 400 micrograms/1ml added to 100ml Sodium Chloride 0.9% infusion bag		OR	5 x Naloxone 400 micrograms/1ml (i.e. 2mg) added to 500ml Sodium Chloride 0.9% infusion or Glucose 5% bag	
Signature(s)				
This is now Naloxone 4 micrograms/ml strength infusion Administer via a large peripheral vein or central venous catheter (Once diluted, naloxone solutions should be used within 24 hours)				
Time started	Naloxone	Usual infusion rate is 25 - 100ml/hr (100- 400micrograms/hr) Rate of infusion should be adjusted according to the response and can be increased up to 200ml/hr (800micrograms/hr).	IV Infusion	Given by
Rate of infusion should be adjusted according to the response and can be increased up to 200ml/hr (800micrograms/hr).				

The initial hourly rate for infusion is set at **60% of the bolus** needed to obtain a response and may be adjusted according to clinical response:

Initial bolus dose giving response	Initial hourly rate of infusion	Volume per hour (of 4 micrograms/mL solution)
200 micrograms	120 micrograms/hour	30ml
400 micrograms	240 micrograms/hour	60ml
600 micrograms	360 micrograms/hour	90ml
800 micrograms	480 micrograms/hour	120ml
1000 micrograms (1mg)	600 micrograms/hour	150ml
1200 micrograms (1.2mg)	720 micrograms/hour	180ml
<i>1400 micrograms (1.4mg)</i>	<i>840 micrograms/hour</i>	
<i>1600 micrograms (1.6mg)</i>	<i>960 micrograms/hour</i>	
<i>1800 micrograms (1.8mg)</i>	<i>1080 micrograms/hour</i>	
<i>2000 micrograms (2mg)</i>	<i>1200 micrograms/hour</i>	

Naloxone for Immediately Life-Threatening Respiratory Depression – Authorisation to Administer

Urgent or emergency use of naloxone should only ever be considered where there is an immediate threat to life or a diagnosis of respiratory depression.

Reason for naloxone: Naloxone protocol initiated by _____ Date and time initiated _____ Prescriber signature _____				
Opioid infusion/patch stopped at: Oxygen commenced at: By (staff signature):		A nasal spray product (Nyxoid®) is available for use in circumstances where IV access is not immediately available: <ul style="list-style-type: none"> give 1.8mg (one spray) into one nostril and wait 2–3min if there is no response (or if respiratory depression recurs), repeat the dose, alternating nostrils 		
Use Naloxone 400micrograms/ml ampoules				
Time 0 min	Naloxone	400 micrograms (1ml)	IV slow bolus (30s)	Given by
Flush cannula with 0.9% sodium chloride Given by:				
+1 mins	Resps are:- Staff signature			
If resps <8 breaths/min give:-				
	Naloxone	800 micrograms (2ml)	IV slow bolus (30s)	Given by
Flush cannula with 0.9% sodium chloride Given by:				
+1 mins	Resps are:- Staff signature			
If resps <8 breaths/min give:-				
	Naloxone	800 micrograms (2ml)	IV slow bolus (30s)	Given by
Flush cannula with 0.9% sodium chloride Given by:				
+1 mins	Resps are:- Staff signature			
	Naloxone	2mg – 4mg	IV slow bolus (1-2 mins)	Given by
Flush cannula with 0.9% sodium chloride Given by:				
+1 mins	Resps are:- Staff signature			
If a total of 10mg has been administered and resp depression has not improved, consider alternate diagnosis, including the possibility of ‘wooden chest’ syndrome.				

MONITORING POST NALOXONE ADMINISTRATION

- A = Awake. The patient is Awake
- V = Verbal. The patient responds to a Verbal stimulus
- P = Pain. The patient responds to a Pain stimulus
- U = Unresponsive. The patient is Unresponsive to stimulus

Hourly monitoring for at least

- 6 hours for IR opioids
- 12 hours SR opioids
- 24 hours for transdermal/methadone/buprenorphine

[illegible]

Date	Interval	Actual Time	RR	Consciousness (AVPU)	Signature
	+1 hour				
	+1 hour				
	+1 hour				
	+1 hour				
	+1 hour				
	+1 hour				
	+1 hour				
	+1 hour				
	+1 hour				
	+1 hour				
	+1 hour				
	+1 hour				
	+1 hour				
	+1 hour				