Management of opioid induced respiratory depression in Adults:

(Revised edition)

Opioid drugs are effective analgesic agents. However opioids can also cause sedation and respiratory depression if given in excess. A small dose of Naloxone (Narcan) will selectively reverse these ill effects but still maintain a degree of analgesia; a larger dose will reverse the analgesia as well. This is obviously undesirable. Naloxone should therefore be given in repeated **small** doses to reverse the respiratory depression and sedation.

Who needs Naloxone?

Patients only need naloxone if they meet all 3 of the following criteria:

- 1. recently received an opioid drug
- 2. respiratory rate of less than 8 breaths/min
- 3. AVPU score of **P** or **U**

What to do?

- 1. stop the administration of the opioid
- 2. administer oxygen
- 3. summon help
- 4. ask co-worker to prepare naloxone
- 5. remain with patient and continue to attempt to rouse

How to dilute Naloxone?

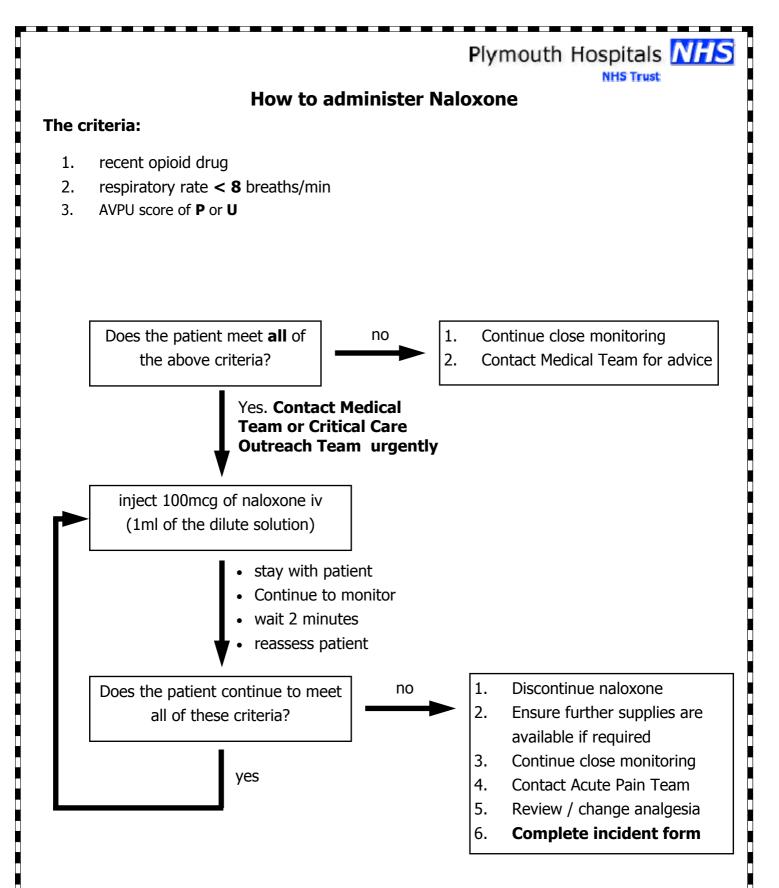
- 1. draw up 0.4mg (1 ampoule) of Naloxone into a 5ml syringe
- 2. dilute with 3ml of normal saline to give a total volume of 4ml
- 3. the drug concentration is therefore 0.1mg/ml (or 100mcg/ml)

How to administer Naloxone?

View flow chart over the page

What to do once the crisis has passed?

- 1. Continue close monitoring for at least an hour after the event
- 2. Naloxone has a reasonably short duration of action. Further doses may be required
- 3. Notify Acute Pain Team to review analgesia
- 4. Notify primary physician
- 5. Document actions in medical notes
- 6. Complete an incident form to highlight opioid toxicity concerns



If repeated doses of Naloxone is required consider Naloxone Infusion (Refer to Trust Intravenous Drug Administration Policy)

PHNT classifies Naloxone as a Critical Medicine. It "must never be unintentionally omitted or delayed as the timeliness of administration is crucial to patient care and safety"