Government of Western Australia
North Metropolitan Health Service
Women and Newborn Health Service

ADULT MEDICATION GUIDELINE	
Naloxone	
Scope (Staff):	All WNHS Staff
Scope (Area):	Obstetrics and Gynaecology
This document should be read in conjunction with the Disclaimer.	

Quick Links

Dose	Administration	Monitoring	Pregnancy and Breastfeeding

Restrictions

Formulary: Unrestricted

Formulary: Restricted

Medication Class

Opioid Receptor Antagonist

Presentation

Ampoule: 400 microgram/ mL

Combination Products:

Oxycodone/ Naloxone modified release tablets (Targin®)

2.5 mg/ 1.25 mg, 5 mg/ 2.5 mg, 10 mg/ 5 mg, 20 mg/ 10 mg, 40 mg/ 20 mg

Buprenorphine/ Naloxone sublingual films (Suboxone®)

2 mg/ 500 microgram, 8 mg/ 2 mg

Nasal Spray: 1.8 mg/ actuation (Nyxoid®) (2 devices each administering 1 dose)

Storage

Tablets/ Films: Store at room temperature, below 25°C. Protect from light.

Reconstituted infusion: solutions must be used within 24 hours.

Nasal spray: Store at room temperature, below 30°C. Do not freeze.

Dose

Reversal of opioid toxicity

Route: IV

Dose Adult resuscitation drug protocols

Route: Nasal Spray

Dose: Administer 1 spray (1.8 mg) into 1 nostril. If needed, a second dose (using a new device) may be sprayed into the other nostril after 2-3 minutes. Additional doses may be given if available and needed, until adequate emergency medical care is available.

Relief of intrathecal opioid induced itch

Route: IV

Dose 50 - 150 micrograms hourly, when necessary

CPOP

Route: sublingual

Dose Community Program for Opioid Pharmacotherapy (CPOP) Management in Hospital

Administration

Parenteral

Refer to the Australian Injectable Drugs Handbook

Sublingual

The nurse/midwife must watch the patient place the prescribed dose of Suboxone® underneath the tongue and supervise for at least 2 minutes.

If more than one film of Suboxone® is required to achieve the prescribed dose, then a maximum of two films may be placed on opposite sides underneath the tongue at any one time.

Ensure the dose has not been retained for diversion.

Nasal Spray

Administer into 1 nostril. The device is ready for use. No further assembly or priming is required. Nyxoid® is a single dose nasal spray. Do not test the device as it cannot be reused.

Monitoring

Observe patients who respond to naloxone for 2–3 hours after naloxone is ceased to ensure they do not relapse; this is especially important in methadone overdose or controlled release opioid product overdose, when narcosis may persist for >24 hours.

Monitor level of sedation and respiratory function.

Pregnancy

1st Trimester: Monitoring required.

2nd Trimester: Monitoring required.

3rd Trimester: Monitoring required.

Naloxone crosses the placenta readily near term and fetal concentrations are higher than maternal levels due to lower protein binding in the neonate. 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.

For more information, please contact KEMH Obstetric Medicines Information Service.

Breastfeeding

Considered safe to use.

Monitor breastfed infants of opioid-dependent women for signs of withdrawal.

For more information, please contact KEMH Obstetric Medicines Information Service.

Comments

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.

For information about the WNHS take-home Naloxone program see Naloxone Structured Administration and Supply Arrangement

Related Policies, Procedures & Guidelines

WNHS Clinical Practice Guidelines:

Adult resuscitation drug protocols

Neuraxial analgesia

Patient controlled intravenous analgesia (PCIA): Postoperative

Community Program for Opioid Pharmacotherapy (CPOP) Management in Hospital

Emergency Centre

Palliative Care

Endorsed Midwives Prescribing

WNHS Pharmaceutical and Medicines Management Guidelines:

Naloxone Structured Administration and Supply Arrangement

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NSQHS Standards Applicable:	☒ Std 1: Clinical Governance ☐ Std 2: Partnering with Consumers ☐ Std 3: Preventing and Controlling Healthcare Associated Infection ☒ Std 4: Medication Safety			☐ Std 5: Comprehensive Care ☐ Std 6: Communicating for Safety ☐ Std 7: Blood Management ☒ Std 8: Recognising and Responding to Acute Deterioration	
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The health impact upon Aboriginal people has been considered, and where relevant incorporated and appropriately addressed in the development of this document (insert ISD Number). (Please refer to the Aboriginal Health Impact Statement and Declaration for Department of Health and Health Service Provider Guidelines – please delete once you have completed this).

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