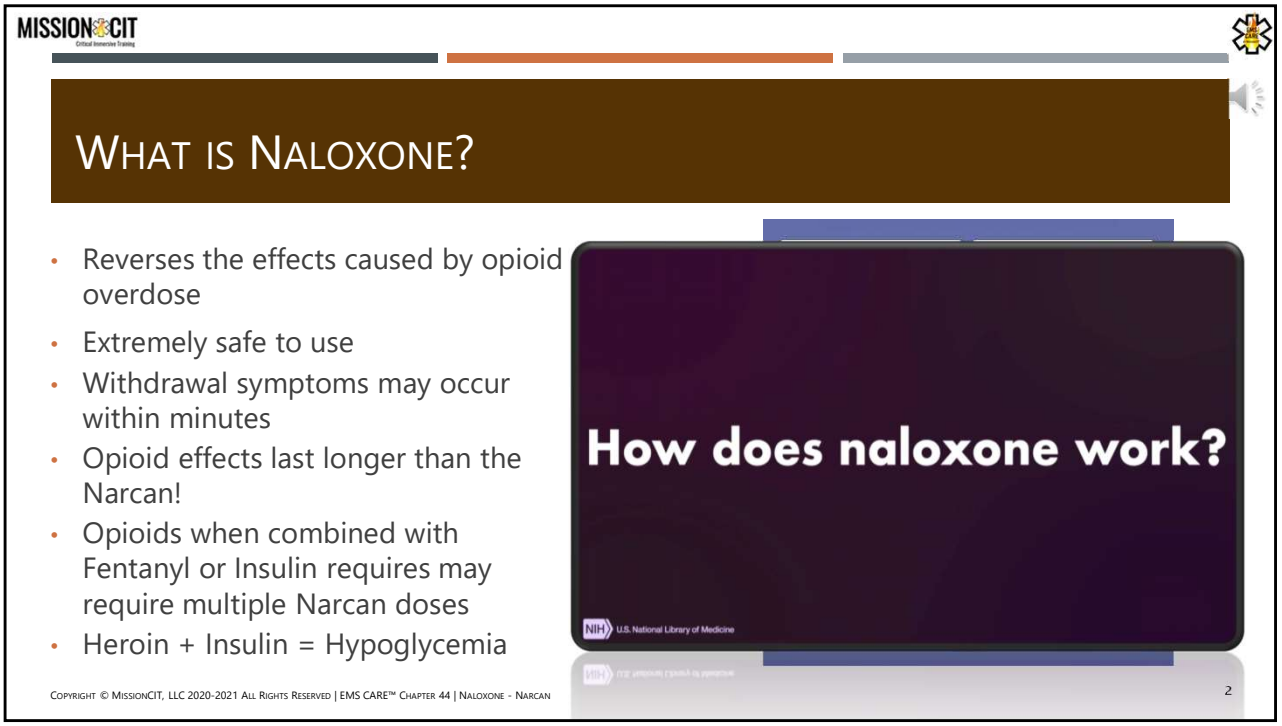



Thank you Justin!

After having learnt about opioids, we will next discuss Naloxone, the drug administered during an opioid overdose.

In this second lesson let us see what Naloxone is, when it needs to be administered, its dosage, and contraindications. So, let us get started.




Naloxone or Narcan is an opioid antagonist, that can undo the effects caused by an overdose of opioids such as the impact on the central nervous system, and respiratory depression.

It should be noted that the effects of the opioid last longer than the effects of Naloxone, so overdose often occurs, resulting in the patient requiring a second dose of Naloxone.

Also, it merits to note, an increasing number of deaths related to Heroin being used with other substances, such

as Fentanyl, and medications like insulin.

In such cases, a patient needs much more Narcan to reverse the effects, and may require multiple doses.

Unfortunately, a patient overdosing on Heroin with insulin, has a high likelihood to perish due to hypoglycemia.

Most first responders assess that the patient's unresponsive state is due to the use of the opioid. Often the state of hypoglycemia in an unresponsive narcotic overdose goes undetected until labs are drawn at the receiving hospital, or toxicology is performed at the morgue.

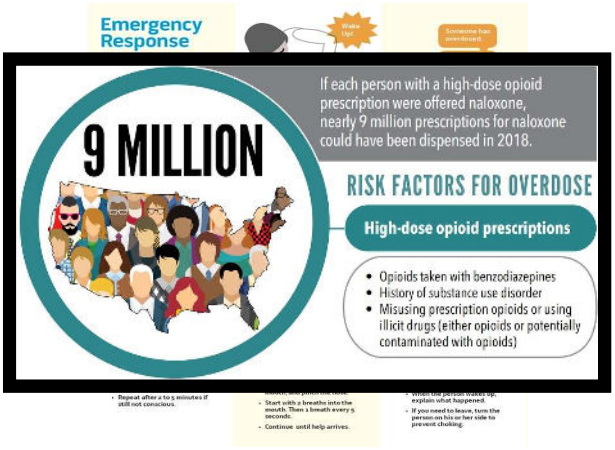
If you suspect this condition, be sure to advise ALS or medical control, and the receiving clinicians at the hospital.

Finally, remember that Naloxone is not effective against respiratory depression that occurs due to non-opioid drugs.

MISSION CIT

# INDICATIONS OF NALOXONE USAGE

- A patient must have respiratory depression due to opioid overdose
- No pharmacological impact if opioids are not present in the body
- Effect lasts for only 2 hours at the most
- Never a permanent treatment




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3

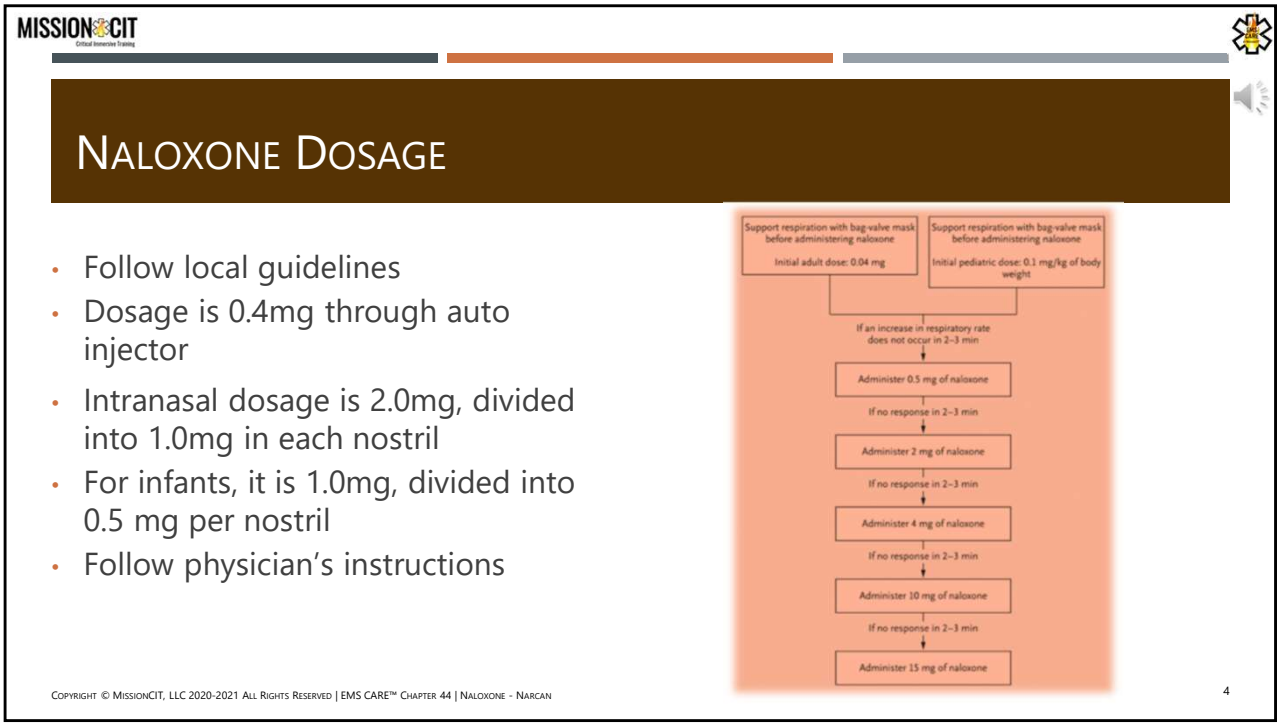
So, this brings up an important question of when do you use Naloxone?

Use Naloxone when you suspect an opioid overdose, followed by respiratory depression. It is not administered without the presence of respiratory depression.

If you are unsure and think the patient may have overdosed, still administer Narcan because it has no pharmacological impact if opioids are not present in the body.

Remember, the effects of the opiate drug last longer

than Narcan, so the patient can experience a relapse of respiratory arrest that can lead to death. Remember, Narcan is a temporary emergency medicine that can hold good until a patient is hospitalized, and must never be used as permanent care for opioid overdose.



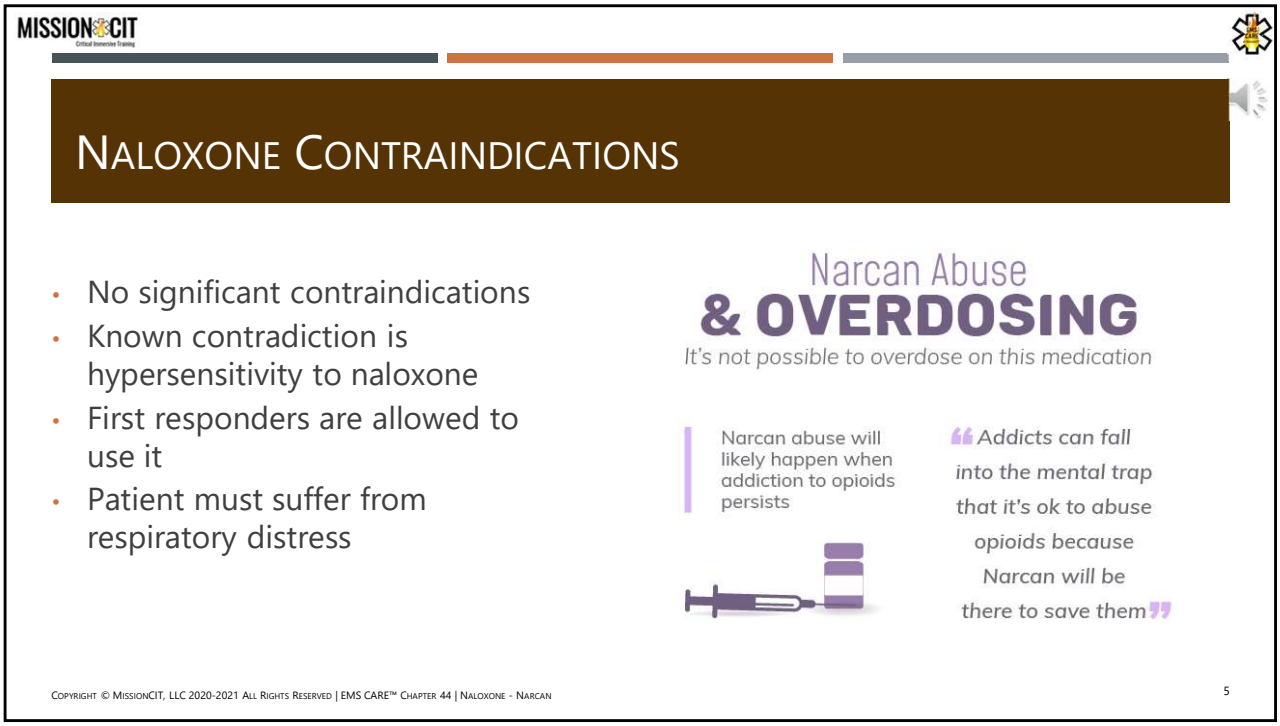

Follow your local guidelines for the dosage.

The standard intramuscular dosage is 0.4 milligrams through an autoinjector, while the standard intranasal dosage is 2 milligrams, divided into 1 milligram for each nostril. This dosage applies to both adults and children.

The dosage through the intranasal route is 1 milligram for infants and toddlers, divided into 0.5 milligrams per nostril.

Also, follow the physician's directions, if any, as they may want you to give a different dosage to improve therapy

or decrease adverse effects.




There are no significant contraindications to Naloxone, which is why first responders are allowed to administer it for patients suffering from respiratory distress, due to opioid overdose. At the same time, you also must be aware that some people could be hypersensitive to this.

With this, we have come to the end of this lesson. Next, Justin will take you through some of the general guidelines for administering Naloxone.