

## CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

<b>SECTION I:</b>	PATIENT FOCUSED FUNCTIONS
<b>CHAPTER 2:</b>	Provision of Care, Treatment and Services
<b>PROCEDURE 2.51:</b>	<b>Naloxone for Emergency Use</b>
<b>REVISED:</b>	Reviewed 02/18
<b>Governing Body Approval:</b>	10/27/16 ( <i>New</i> ); 04/18

**PURPOSE:** To provide naloxone for emergency intervention for a suspected opioid overdose at Connecticut Valley Hospital.

**Introduction:** Opioid antagonists such as naloxone are used to reverse the potentially dangerous side effects secondary to acute opioid overdose. These adverse effects include respiratory depression, marked sedation, hypotension and possible death.

Naloxone is indicated for complete or partial reversal of potentially dangerous and life threatening side effects secondary to the acute overdose of opioid agonists and partial agonists. The latter, however, may be less responsive to naloxone and require higher dosing.

Opioid antagonists have the potential to induce acute withdrawal symptoms in opioid dependent patients. These symptoms include abdominal cramps, nausea, vomiting, diarrhea, yawning, rhinorrhea, sialorrhea, anxiety, diaphoresis, shaking, chills and piloerection.

While not life threatening to most, neonates, fetuses and patients with cardiac disease are at higher risk of adverse effects due to acute withdrawal symptoms.

CVH will make available both parenteral forms, such as intramuscular (IM) and intranasal (IN) forms of naloxone. Both forms are available for inpatient use in the Addiction Services Division (ASD) Emergency Carts. IM forms have the advantage of allowing the prescriber to titrate the dose in special populations (e.g. a lower dose in neonates and higher dose for those suspected of overdosing on partial opioid agonists). The intranasal form is simpler to use as a one dose formulation (4 mg) and achieves a higher plasma concentration for a longer period of time than the 0.4 mg intramuscular form.

**SCOPE:** Physicians, APRNs, RNs, Pharmacists

### **POLICY:**

It is the policy of CVH to intervene in a medical emergency when a patient is suspected of experiencing an opioid overdose. IM and intranasal naloxone is readily available for such cases.

### **PROCEDURE:**

- A. If a patient is suspected of experiencing an opioid overdose (evidence of respiratory depression, marked sedation, poor response to sternal rub, hypotension) call 999 and administer naloxone in either form unless otherwise specified by the attending or responding prescriber. Continue life support procedures as appropriate until EMS arrives.

- B. Intramuscular and intranasal naloxone forms are both located in the emergency carts.
- C. The initial intramuscular dose is 0.4 to 2 mg intramuscularly. Alternatively the same dose may be given intravenously or subcutaneously. Repeat the dose at 2-3 minute intervals as needed. If no response is observed after 10 mg has been administered intramuscularly, the diagnosis of opioid toxicity should be questioned and other causes of sedation and respiratory depression considered.
- D. The initial intranasal dose is 4 mg in one nostril. Repeat the dose at 2-3 minute intervals as needed, alternating between the two nostrils. If no response is observed after 12 mg has been administered intranasally, the diagnosis of opioid toxicity should be questioned and other causes of sedation and respiratory depression considered.
- E. After the patient is responsive and able to take deep breaths, the patient's respiratory rate, blood pressure, heart rate, level of sedation, and pupil diameter should be carefully monitored.
- F. Another dose of naloxone may be needed, as its duration of action is shorter than that of many opioids.
- G. All patients are to be evaluated in an Emergency Department post-intervention, as opiate overdose symptoms are likely to return.
- H. Treat refractory patients in accordance with the CVH Emergency Response procedure.