NALOXONE

DESCRIPTION
Potent narcotic antagonist with a plasma half-life of 1-3 hours. Reverses respiratory depression by competing for CNS narcotic receptor sites. Onset of action within 1-2 minutes after IV administration. Metabolized by the liver and excreted in the urine. Increases circulatory catecholamines.

USE
Reversing narcotic induced respiratory CNS depression.

Use at delivery ONLY after the baby has been first resuscitated and is pink with a good heart rate but remains apnoeic!

DO NOT USE IF MATERNAL OPIOATE-DEPENDENCE IS KNOWN OR SUSPECTED AS IT MAY PRECIPITATE ACUTE WITHDRAWAL SYMPTOMS AND SEIZURES!

PRESENTATION
400mcg/ml ampoules

DOSE
100mcg/kg /dose
Treatment may be repeated if necessary 3-5mins after first dose.

An initial 200mcg dose irrespective of weight provides a pragmatic delivery room approach suitable for most babies.

ROUTE
IV or IM

ADMINISTRATION
IV transient benefit because of the short half-life of naloxone.
IM effect that is sustained for 24 hrs.

MONITORING
Assess respiratory effort and neurologic status

ADVERSE EFFECTS
Increased blood pressure, tremulousness, seizures, vomiting, tachycardia, hypotension, hypertension, ventricular tachycardia and fibrillation.

CONTRAINDICATIONS
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DRUG INTERACTIONS
none reported

SOLUTION COMPATIBILITY
0.9%sodium chloride, 10%dextrose, 5%dextrose

REFERENCES
Neonatal Formulary 5, Drug use in Pregnancy and First Year of Life, 2007, Blackwell Publishing