

**Prescribing Protocol SESLHDPR/651  
Naltrexone for treatment of long-acting  
opioid poisoning**



<b>Prescribing Protocol</b>	
<b>Title</b>	Naltrexone in the treatment of opioid naïve patients with long-acting opioid poisoning
<b>Areas where Protocol/Guideline applicable</b>	District
<b>Areas where Protocol/Guideline not applicable</b>	Sydney Children’s Hospital
<b>Authorised Prescribers</b>	Toxicologists or on approval by toxicologist
<b>Indication for use</b>	Off-label use as opiate antagonist for the treatment of long-acting opioid poisoning (eg: methadone, buprenorphine, carfentanil) in opioid naïve patients
<b>Clinical condition</b> Patient selection: Inclusion criteria (list investigations necessary and relevant results)	<ul style="list-style-type: none"> <li>• Opioid naïve patients who present to ED with a history of ingestion of a long-acting opioid (eg: methadone, buprenorphine, carfentanil) or symptoms of opioid toxicity</li> <li>• Clinical response to naloxone, but require a naloxone infusion</li> </ul>
<b>Contra-indications</b>	<ul style="list-style-type: none"> <li>• Patients who are opioid dependant</li> <li>• Patients being treated with an opioid analgesic for a painful condition or if a painful procedure is planned (since naltrexone will reduce analgesia)</li> <li>• Contraindicated in acute hepatitis, liver failure or when liver enzymes &gt;3 times ULN</li> <li>• Known allergy to naltrexone</li> </ul>
<b>Precautions</b>	Chronic hepatitis B and/or C or raised baseline liver enzymes – monitor liver function (especially total bilirubin) regularly to ensure naltrexone does not exacerbate condition.
<b>Place in Therapy</b> State whether drug to be used as first, second or third line. When not first line, describe therapies to be used first.	To be used in patients who are known to be opioid naïve, have taken a long-acting opioid and developed respiratory depression, predicted to need to a prolonged naloxone infusion and have responded clinically to an initial naloxone injection.  Naltrexone will be used as second-line therapy in these patients following clinical response to initial naloxone injection.
If part of combination therapy, list other drugs	Naloxone
<b>Dosage</b> (Include dosage adjustment for specific patient groups)	Adult and children > 16 years: 50 mg orally once only
<b>Duration of therapy</b>	Single dose. An additional dose may be required after 24 hours to treat respiratory depression, but only on the recommendation of a toxicologist.
<b>Important Drug Interactions</b>	<u>Naltrexone + Opioids</u> : Naltrexone reversibly blocks opioid receptors and reduces effects of opioids; in opioid dependence may precipitate withdrawal symptoms at start of naltrexone treatment.

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<b>Administration instructions</b>	<p>Initial treatment with naloxone if required for immediate treatment as naltrexone may take up to an hour to exert its peak effect.</p> <p>The patient will be given one 50mg dose of oral naltrexone, and then monitored for four hours in the ED. Patients will then be stepped down to a normal ward bed for 24 hours observations.</p> <p>Patient to be discharged 24 hours post last naltrexone dose.</p> <p>Patients should be discharged home during daylight hours with a carer. Instructions should be provided to return to the ED should the patient develop symptoms of opioid toxicity (cyanosis, reduced level of consciousness, bradypnoea or apnoea).</p>
<b>Monitoring requirements</b>	<p>Heart rate, GCS, respiratory rate and O2 saturation</p> <ol style="list-style-type: none"> <li>1. Monitor for 4 hours in the ED</li> <li>2. Stepdown to normal ward bed for 24 hours observation</li> <li>3. Discharge home 24 hours post last naltrexone dose, with instructions to re-present to ED if symptoms of opioid toxicity develop.</li> </ol>
Safety	For inpatient use only, patients to be discharged 24 hours after naltrexone has been ceased.
<b>Management of complications</b>	Supportive care if patients develop symptoms of opioid toxicity
<b>Basis of Protocol/Guideline</b> (including sources of evidence, references)	<p>Aghabiklooei A, Hassanian-Moghaddam H, Zamani N, et al. Effectiveness of naltrexone in the prevention of delayed respiratory arrest in opioid-naive methadone-intoxicated patients. <i>BioMed research international</i> 2013; <b>2013</b>: 903172</p> <p>Australian Medicines Handbook – Naltrexone monograph (accessed via CIAP 15/10/18)</p> <p><a href="#">Naltrexone (Revia®) Product Information</a> – last amended 24<sup>th</sup> May 2016 (accessed 15/10/18)</p>
<b>Groups consulted in development of this protocol</b>	Dr Zeff Koutsogiannis (Toxicologist – Austin Hospital, Melbourne) Amy Minett, Acting SESLHD QUM Lead Pharmacist

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