Naloxone

Newborn use only

2018

Alert	Naloxone should not be administered to babies whose mothers are known or suspected to be addicted to opioids. In such cases, an abrupt and complete reversal of opioid effects may precipitate an acute withdrawal syndrome and seizures.
Indication	1. At birth – Reversal of respiratory depression secondary to maternal opioid administration. 2. Reversal of opioid effects (to facilitate extubation or avoid intubation, post-operative apnoea)
Action	Opioid antagonist. Little or no agonistic activity.
Drug Type	Semisynthetic opioid antagonist
Trade Name	DBL Naloxone Hydrochloride Injection; Naloxone Juno Solution for injection; Naloxone Min-I-jet Prefilled syringe; Narcan Solution for injection; Prenoxad Solution for injection.
Presentation	Ampoule and prefilled syringe contain 400 microgram/mL of naloxone hydrochloride. Also contains sodium chloride. Contains 3.54 mg (0.15 mmol) of sodium. The solution is clear and colourless. pH 3.5
Dosage / Interval	1. At birth – newborn infants with respiratory depression secondary to maternal opioid administration 100 microgram/kg. Repeat dose as required. **DO NOT USE IN INFANTS BORN TO MOTHERS SUSPECTED OR KNOWN TO BE ADDICTED TO OPIOIDS.** 2. Reversal of opioid-induced respiratory depression 10–100 microgram/kg. Repeat dose as required. **CAUTION**: **Infants on prolonged opioid infusion may develop acute withdrawal following naloxone**
Maximum daily dose	2 mg
Route	Intravenous (IV) injection preferred. IM suitable if the IV route is not available. Alternate routes: intraosseous and subcutaneous.
Preparation/Dilution	400 microgram/mL
Administration	Use undiluted. Intravenous (IV) bolus at proximal cannula site. Intramuscular (IM).
Monitoring	Continuous cardiorespiratory monitoring is required. Resuscitation facilities must be readily available.
Contraindications	Naloxone is contraindicated in persons known to be hypersensitive to it.
Precautions	Naloxone should not be administered to babies whose mothers are known or suspected to be addicted to opioids. The duration of action of naloxone is short, particularly after intravenous administration, and subsequent observation of the infant should be instituted.
Drug Interactions	Naloxone reverses the analgesic and other effects of opioid agonists.
Adverse Reactions	Naloxone administered to babies whose mothers are known or suspected to be addicted to opioids may precipitate an acute withdrawal syndrome (tachycardia, tachypnoea, hypertension, tremors, vomiting and seizures). Cardiac arrest – there is a case report of a preterm neonate who developed cardiac arrest. [18]
Compatibility	Fluids: Glucose 5%, sodium chloride 0.9% Y-site: Defibrotide, linezolid
Incompatibility	Do not mix in an alkaline solution. Fluids: No information Drugs: Solutions that contain bisulfites or sulfites , calcium folinate
Stability	Infusion solution: Use within 24 hours.
Storage	Ampoule and Min-I-Jet syringe: Store below 25°C. Protect from light. Do not freeze.
Special Comments	Always establish and maintain adequate respiration before administration of naloxone to a newborn infant.

	The majority of infants born following intrapartum maternal opioid administration do not require administration of an opioid antagonist. Opioid antagonists should not be used as a substitute for provision of usual methods of clinical care and resuscitation of the newly born infant.
Evidence summary	Refer to full version.
References	Refer to full version.

Original version Date: 16/10/2018	**Author: ANMF Consensus Group**
Current Version number: 1.0	**Current Version Date:** 16/10/2018
Risk Rating: High	**Due for Review:**
Approval by: As per Local policy	**Approval Date:**

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