Naloxone

CAUTION: High Administration Risk Rating	
Form	400 microgram per 1mL ampoule
Reconstitution	Already in solution • **Draw up using a 5 micron filter needle** • **Use gloves when opening ampoules**
Compatibility & Stability	Sodium Chloride 0.9% Glucose 5%
Administration	**IV Injection** Preferred in emergencies due to rapid onset of action. Administer undiluted. May be diluted to a convenient volume with compatible fluid. **IV Continuous Infusion** Add 2mg (5mL) of Naloxone to 495mL of infusion fluid to give a 4 microgram per mL solution. Rate of infusion should be titrated in accordance with the patient's response. Must be infused using a volumetric infusion pump. **IV Infusion –In fluid restricted patients or if higher dose required** Add 10mg (25mL) to 25mL of compatible infusion fluid and infuse using a syringe pump. Rate of infusion should be titrated in accordance with the patient's response.
Extravasation	Naloxone is likely to cause extravasation leading to tissue damage due to its low pH. If a central venous access device is unavailable, administer via a large peripheral vein monitoring insertion site closely. Re-site cannula at first signs of inflammation.
Additional Information	• Duration of action of many opioids exceeds that of naloxone, therefore patients must be monitored in case of relapse. A continuous infusion may be indicated. • Naloxone may precipitate acute withdrawal syndrome in opioid-dependent patients. • Naloxone should be kept in all areas where opioids are administered.

Information provided relates to Naloxone manufactured by Mercury Pharmaceuticals.