

Naloxone

CAUTION: High Administration Risk Rating Naloxone must be given with great caution to patients who have received longer-term opioid/opiate treatment for pain control or who are physically dependent on opioids/opiates. Regardless of the reason for the exposure to opioids or opiates, urgent or emergency use of naloxone should only ever be considered where there is an immediate threat to life or a diagnosis of respiratory depression.		
Form	400 microgram per 1mL ampoule	Store below 25°C
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 – emergency use 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.	
	In fluid restricted patients or if higher dose required Add 10mg (25mL) to 25mL of compatible infusion fluid to give a 200 microgram/mL 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.	
Monitor	• Monitor heart rate, blood pressure, blood gases, oxygen saturation and respiratory rate. • Monitor for development of opioid withdrawal symptoms (e.g. abdominal cramps, body aches, diarrhoea, fever, increased blood pressure, nausea or vomiting, nervousness, runny nose, piloerection, restlessness or irritability, shivering or trembling, sneezing, sweating, tachycardia, weakness, yawning) • All patients receiving naloxone should be closely monitored as the duration of action of many opioids exceeds that of naloxone and repeated doses may be required	
Additional Information	• Naloxone should be kept in all areas where opioids are administered.	

Information provided relates to Naloxone (Mercury Pharmaceuticals) last updated 19/5/26

This information has been summarised to act as a guide for those administering IV medication. The monograph should be used in conjunction with the drug data sheet and BNF for information on dose, adverse effects, cautions and contra-indications. Further information is available from Pharmacy on 22146 or 22542