



Policy Name: <p style="text-align: center;">ADMINISTRATION OF NALOXONE</p>	Policy Number: <p style="text-align: center;">0260</p>
Approved By: <p style="text-align: center;">Executive Team</p>	Effective Date: <p style="text-align: center;">MARCH 21, 2007</p>
Reason for Revision: <i>Click on item below and select item from list.</i> <p style="text-align: center;">CONTENT- Enter BELOW Reason for change Ex: Combined Policy ## and ##.</p> <p style="text-align: center;">New format being used.</p>	Date Revised: <p style="text-align: center;">October 7, 2021</p> Next Date for Review: <p style="text-align: center;">October 7, 2024</p>
Section: <p style="text-align: center;">Section 02 - Pain and Symptom Management</p>	Page No: <p style="text-align: center;">Page 1 of 2</p>

Policy

Naloxone is rarely used at Agapé Hospice, however it may be used for the complete or partial reversal of life threatening Central Nervous System (CNS)/respiratory depression induced by opioid or diagnosis of suspected acute opioid overdose. **The physician must be notified immediately, and an order received, BEFORE naloxone can be administered.**

Procedure

1. Assess for signs and symptoms of CNS/Respiratory depression due to opioids:
 - a) Depressed mental status - difficult to arouse or not able to arouse;
 - b) Shallow respirations or rate of less (<) 8 breaths per minute associated with low oxygen saturation;
 - c) Pinpoint pupils.
2. Notify Attending Physician of suspected CNS/respiratory depression due to opioids.
3. The next dose of opioid may be held in consultation with the physician.
4. Continue to monitor respiratory rate and oxygen saturation every 15 minutes or more frequently if needed.
5. If the respirations and oxygen saturation cannot be corrected within 30 minutes, contact the attending physician for consideration of naloxone partial reversal.



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6. Follow-up with the physician is to be done even if resident's respirations are greater than (>) 12 and the resident becomes more alert. Discuss with physician possible changes to dosing and/or frequency of narcotic.
7. Document thoroughly on progress notes of the resident's health record;
 - a) signs and symptoms assessed;
 - b) action taken including discussion with physician;
 - c) follow-up care.

Nursing Implications

1. Give Naloxone with caution in opiate dependent residents. Prepare for narcotic withdrawal. Residents may exhibit agitation, irritability, increase pain, sweating and hypertension.
2. The duration of action of naloxone (approximately 20-60 minutes) may be shorter than that of the narcotic; watch for returning signs of CNS/respiratory depression and give additional doses of naloxone as per physician orders.
3. Depending on the dose of naloxone, analgesia will be reversed and may be manifested by nausea, vomiting, sweating and tachycardia.
4. Contact physician regarding dosage.