Appendix 4

THE USE OF NALOXONE IN RESPIRATORY DEPRESSION DUE TO OPIOID OVERDOSE

- The fear of respiratory depression is sometimes a reason why physicians are reluctant to use opioids
- The risk of respiratory depression in a patient who has already been on a regular opioid dose (for even a few days) is very low
- Even if there is a slowing in the respiratory rate (e.g. 6-8/min) this is usually not a cause for alarm as the patient can often simply be monitored. Sometimes it is appropriate for the next dose of opioid to be omitted or reduced
- Take care to distinguish this from respiratory changes at the very end of life which are to be expected and need no intervention
- It is very rare therefore that an opioid antagonist such as **naloxone** needs to be used
- However, if a significant respiratory depression does occur (perhaps if the patient mistakenly receives an overdose) and if it is deemed absolutely necessary to give an opioid antagonist, the following approach should be used:
  - Dilute a 1 mL ampule **naloxone** (0.4 mg/mL) with 9 mL of saline
  - Give 40 mcg (1 mL) IV/Subcutaneous/IN/IM every minute until the respiratory rate increases
  - Aim for partial opioid reversal, but not loss of analgesia
  - Give additional doses every 30-60 minutes to maintain an adequate respiratory rate, generally for the usual duration of action of the medication (e.g. 4 hours for oral morphine)

NOTE: Giving the complete ampule instead will result in an acute withdrawal from the opioid and cause immediate extreme pain or dyspnoea