



ศูนย์พิชวิทยา

คณะแพทยศาสตร์โรงพยาบาลรามาธิบดี มหาวิทยาลัยมหิดล
อาคารสุขุมเพลส ถนนสุขุมวิท กรุงเทพมหานคร 10300 สายด่วน 1367 โทรศัพท์ 0-2201-1084

RAMATHIBODIPOISONCENTER

Faculty of Medicine Ramathibodi Hospital, Mahidol University
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NALOXONE HYDROCHLORIDE

ADULT DOSAGE

Opioid Overdose

- Recommended dose: 0.04 mg to 0.4 mg IV (lower doses are recommended to prevent fulminate opioid withdrawal with subsequent agitation, hypertension, and violent behavior in opioid-dependent patients.)
- Repeat dose increase to 2 mg at 2-to-3-minute intervals as needed, if the initial response is inadequate.
- If no response is observed after 10 mg (25 ampules) have been administered, the diagnosis of opioid toxicity should be questioned

Reversal of opiate activity, Respiratory depression, with therapeutic opioid use

- Initial doses of 0.1 to 0.2 mg IV should be repeated at 2 to 3 minute intervals until there is adequate ventilation and alertness without significant pain or discomfort. Larger than necessary doses of naloxone may result in reversal of analgesia and increase in blood pressure.
- Repeat doses may be required within 1-to-2-hour intervals depending upon the amount, type (i.e., short or long acting), and time interval since last administration of opioid



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PEDIATRIC DOSAGE

Opioid Overdose

1. Overdose of opioid, known or suspected

- Usual initial dose: 0.1 mg/kg (Maximum first dose = 0.4 mg) body weight given IV.

- Subsequent dose of 0.2 mg/kg (Maximum subsequent dose = 0.8 mg) IV may be given if the initial dose does not result in the desired degree of clinical improvement.

2. Reversal of opiate activity, Respiratory depression, with therapeutic opioid used or chronic used

- Children: increments of 0.01 mg IV, repeat at 2- to 3-minute intervals to the desired degree of reversal.

- Neonates: initial dose is 0.01 mg/kg. Doses may be repeated within 1- to 2-hour intervals depending on the amount, route, type of opioid (i.e., short- or long-acting), and time interval since last administration of an opioid.

Opioid Overdose: monitoring

1. Respiratory rate count for 60 second and pulse oximetry q 2-3 minutes.
2. Blood pressure and heart rate evaluated q 2-3 minutes.
3. Consciousness level.
4. Opioid induced non cardiogenic pulmonary edema (rare but serious effect)
5. Pain score in chronic opioid used:- numerical scale in adult or adolescent, Wong – Baker FACES in young children.
6. Opioid Withdrawal symptoms in chronic opioid-abuse patients