JOINT PROTOCOL FOR MANAGEMENT OF OPIATE TOXICITY

THIS PROTOCOL IS FOR PATIENTS WHO DO NOT REQUIRE IMMEDIATE RESUSCITATION OR VENTILATION

REMEMBER
- Half life of naloxone is 90mins.
- Heroin is metabolised to morphine, which has a half life of 2-3 hours, hence patients may ‘re-narcotise’ and require further bolus of naloxone.
- ‘Subutex’ (Buprenorphine) is only partially reversed by naloxone.

OPIATE INTOXICATION
History, Clinical signs **or** naloxone given pre-hospital

EVIDENCE OF FULL RECOVERY?
- GCS 15
- RR > 10
- O_2 SAT > 95% on air

No →

FURTHER MANAGEMENT
- Airway management
- Check ‘BM’ glucose
- IM Naloxone 0.8mg
- Try to establish iv access

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OBSERVE FOR AT LEAST 2 HOURS FROM TIME NALOXONE GIVEN IN EMERGENCY DEPARTMENT

Yes ↓

OBSERVE FOR AT LEAST 2 HOURS FROM TIME OF ARRIVAL IN EMERGENCY DEPARTMENT

EVIDENCE OF FULL RECOVERY?
- GCS 15
- RR > 10
- O_2 SAT > 95% on air
- No long acting opiates taken

Yes →

DISCHARGE

REMEMBER
- Patients will often have taken a variety of substances with varying half lives.
- Methadone >24hrs
- Diazepam >20hrs
- Alcohol – several hours depending on amount taken.

No →

FURTHER MANAGEMENT
- Further Naloxone IM or IV
- Consider Naloxone infusion (dose is $^2/_3$ bolus required per hour)
- Consider mixed overdose or alternative diagnosis

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ADMIT

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Principal References: SFJ Clarke, EMJ 2005 ‘Naloxone in opioid poisoning’ ; J Christenson, AEM 2000 ‘Early discharge of patients with presumed Opioid Overdose’ ; Watson WA, Clin Toxicol 1998 ‘Opioid Toxicity Recurrance’