#### **Medical Directive**

Title: Naloxone (Narcan) Administration in Respiratory Depressed Paediatric Patients

**Receiving Opioids** 

Approved by and Date: May 17, 2005

### **Authorized to who**

Registered Nurses who are employed on the Paediatric Unit.

# (Medical Directive Description

For opioid induced depression of respiration:

- Establish patient airway and administer oxygen.
- Be prepared to ventilate patient with bag/valve/mask system
- Adminster Naloxone O.01 mg/kg/dose up to a maximum of 1 mg, IV Direct Push, rapid administration (Partial Reversal). Repeat q 3 minutes to a maximum 3 doses.
- If no IV access, administer same dose IM (intra-muscularly)
- Notify physician stat
- Monitor patient closely in a constant care setting for a minimum of 3 hours.
   Place patient on continuous cardiorespiratory monitor.
- Manually assess and document BP, HR, RR 02 sat, and sedation score q ½ hour or as per patient condition.
- Use with caution in patients who use opioids regularly for a chronic medical condition.

## Patient Description / Population

Infants, children, and adolescents admitted as inpatients on the paediatric unit.

# Identify relevant Delegated Control Act or Added Skill associated with this Directive

Administration of IV Medication below drip chamber

# Specific conditions/circumstances that must be met before the Directive can be implemented

Patient has been assessed as experiencing opioid induced depression of respiration:

- Bromage Sedation Scale is 3 and RR is below the normal lower limit for the patient, or
- Apnea.

# Bromage Sedation Scale:

- 0- None Alert
- 1- Mild Occasionally drowsy, easy to arouse
- 2- Moderate Frequently drowsy, easy to arouse
- 3- Severe Somnolent, difficult to arouse
- 4- Sleep normal sleep, easy to arouse

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Age	Rates (breaths/min)			
Premature infant	40-90			
Neonate	30-80			
1 yr	20-40			
2 yr	20-30			
3 yr	20-30			
5 yr	20-25			
10 yr	17-22			
15 yr	15-20			
20 yr	15-20			
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<sup>\*</sup>Opioid analgesics decrease respiratory rate.

# Contraindications to the implementation of the Directive

## **Documentation requirements**

On the physician order sheet and the patient's health record: "Administration of Naloxone in Respiratory Depressed Paediatric Patients receiving opioids. Medical Directive may be printed and attached to the chart for documentation purposes." Date, time and signature of the RN implementing this directive. The RN will document the administration (MAR), assessment and monitoring of patient pre and post Naloxone.

## Review/Evaluation Process (how often/by who)

Every year by Maternal Child Program

## **Related Documents**

- Potentially Highly Toxic Drugs Corporate Policy.
- Paediatric Medication Administration: Medication Requiring Double Check Policy and Procedure.
- Monitoring of Paediatric Patients Receiving Parenteral Opioids for Analgesia Policy & Procedure

## References

Hospital for Sick Children Formulary 2003/2004 Joyce Engle: Pocket Guide Paediatric Physical Assessment, 1993. 2<sup>nd</sup> Ed. Hospital for Sick Children: Patients Observation, Vital signs Monitoring and Continuous Electronic Monitoring Project. 2001.

## **Medical Directive Policy**

Name Position/Title Program

Contact: Elaine Boeck Clinical Education Leader Paeds/NICU
Name Position/Title Program

(Main contact – related to the development of the directive)

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**Approvals and Signatures** 

Physician Leader: Dr. R. Rajah Date: Nov 9 05

Program Leader: Donna Brownlee Date: Nov 8 05

Program Committee/Council: Donna Brownlee Date: Nov 8 05

CNPC or PPC: Thom Chambers Date: Nov 10 05

Chair of CNPC or PPC

Final Approval by: Dr. D. Atkinson Date: Nov 25 05

Chair, MAC

Authorized by:

Dr. Rashid Rajah Date: Nov 1 05

Department Chief, Paediatrics & Neonatology

Dr. Rick Doran Date: Nov 16 05

Department Chief, Anaesthesia

Dr. Nick Braithwaite Date: Nov 7 05

Department Chief, Surgery