Ontario Poison Centre | Centre Anti-Poison de l'Ontario

Reviewed: August 1, 2018

Street Opioid Resuscitation Recommendations

For Pre-Hospital and Hospital Care

Most pharmaceutical opioids, heroin and fentanyl, should respond to usual doses of naloxone. The desired response to naloxone should be establishment of adequate respirations, to have an O_2Sat > 90% and a pCO_2 < 45 mmHg. The patient does not need to be fully awake and alert. In the interests of patient comfort, health care providers have always been taught to "start low and go slow" with naloxone dosing in order to prevent acute opioid withdrawal in the dependent patient. Opioid withdrawal is a painful state of abdominal cramping, pilo-erection, yawning, tachycardia and hypertension as a result of pain. Although uncomfortable, opioid withdrawal is generally NOT life threatening.

Some of the more potent fentanyl analogues have been found in the US and BC. It has been reported that higher doses of naloxone might be needed to stimulate respirations and/or wakefulness in victims. There are some reports of naloxone dosing of 12mg being necessary to treat an opioid overdose, although the average dose of naloxone has been up to 3 mg.

For the non-responsive patient with a pulse, but NOT BREATHING

1. Attempt to stimulate respirations.
2. Assist respirations using Bag-Valve-Mask set-up
3. If no response to respiratory stimulation, administer naloxone 0.4 mg IV/IM
4. IF NO RESPONSE in 3 minutes, administer naloxone 2 mg IV/IM
5. IF NO RESPONSE in a further 3 minutes, administer naloxone 4 mg IV/IM
6. Anticipate doubling the dose until a cumulative dose of 12 mg has been given. If still no response, intubation and ventilation will be required
7. Some fentanyl analogues have longer half-lives than that of fentanyl or heroin. Repeated dosing of naloxone may be necessary. As usual, an intravenous infusion of naloxone at 2/3 wake-up dose per hour, can be initiated and titrated based on patient response
8. The patient must be monitored:
    a. For at least 6 hours after the last dose of naloxone AND
    b. Vital signs have returned to baseline vitals AND
    c. Normal GCS AND
    d. At least 24 hours after the initial overdose
9. Call the OPC for further recommendations.

For the PATIENT IN CARDIAC ARREST suspected to be as a result of an opioid overdose.

1. For EMS providers: Follow local EMS protocols and "patching" procedures
2. Start compressions, bag-valve-mask ventilations and follow usual ACLS protocols for the pulseless victim
3. Once good resuscitative measures are in place, administer naloxone 2 mg IM/IV
4. Anticipate the need for increasing doses of naloxone; naloxone dosing can be doubled every 3 minutes if no response, to a maximum of 12mg. Continue usual ACLS protocols
5. Call OPC for further recommendations

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