

Managing opioid overdose:

- A-E assessment
- Check for obvious route of administration (E in A-E assessment)
 - Turn of PCA/remove transdermal patches.
 - Check drug chart
- IV Naloxone
 - 400 micrograms, then 800 micrograms for up to two doses at 1 minute intervals, increase to 2mg for one dose if no response.
 - Naloxone has a short half life – may need further administration!
- Consider ABG
 - Could there be acidosis suggestive of prolonged hypoventilation?
- Think carefully about cause!
 - Iatrogenic, polypharmacy, opioid abuse/dependence, is the patient confused about their dose?
- Close observation:
 - Watch for signs of aspiration – may need ITU help.
 - Hypoxia increases risk of developing pulmonary oedema.
 - Watch for opiate withdrawal