

MEDICATION STANDING ORDER

Version date: 2023-07-21

Effective date: 2023-09-19 (0700 hours)

INDICATIONS

• Respiratory depression due to known or suspected opioid toxicity from ingestion or administration

CONTRAINDICATIONS

• Not applicable

ROUTE (WORK SCOPE)	INITIAL DOSE	REPEAT DOSE
INTRANASAL (EMR & ABOVE)	All ages - 2 mg (one autoinjector dose) ¹	Every 2 to 3 minutes as required (no maximum number of doses)
INTRAMUSCULAR (PCP & ABOVE)	5 years & older - 0.4 to 2 mg	
	72 hours up to 5 years - 0.1 mg/kg (max = 2 mg/dose)	
INTRAVENOUS (PCP & ABOVE)	5 years & older - 0.1 to 2 mg ⁴	
	72 hours up to 5 years - 0.1 mg/kg (max = 2 mg/dose)	
INTRAOSSEOUS (ICP & ABOVE)	5 years & older - 0.1 to 2 mg ⁴	
	72 hours up to 5 years - 0.1 mg/kg (max = 2 mg/dose)	

NOTES

1. During the COVID pandemic IN administration requires extended PPE.

- 2. If nasal spray is not available, administer 1 ml of injectable solution to each nostril delivered with mucosal atomizer device.
- 3. Use caution when administering by IM route if known bleeding disorder or anticoagulation is present.

- 4. For patients who are chronic opiate / opioid users, paramedics may titrate IV / IO naloxone to achieve adequate respirations without precipitating acute withdrawal.
- 5. During prolonged transports, repeat dosing (every 20 to 60 minutes) may be required if the duration of action of the opioid exceeds that of naloxone.
- 6. Multiple doses at the higher end of the dosing range may be required for known or suspected high potency opioids (eg. fentanyl, carfentanil).

APPROVED BY		
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VERSION CHANGES (refer to X08 for change tracking)

• Revised administration table presents information for scope / route / dose more clearly