



## Advisory 18-07 Pediatric Naloxone Dosing

To: All Fire, Law Enforcement, and EMS Agencies and Providers

From: Jeremy T. Cushman, MD, MS, EMT-P, FACEP, FAEMS *J. Cushman*  
Regional Medical Director

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This Advisory clarifies the dosing of intranasal naloxone for pediatric patients given the transition from 1 mg / 1 ml (traditional glass vial and mucosal atomizer device) to 4 mg / 0.1 ml concentrations found in the Adapt Pharma single use naloxone administration kit now widely used by all first responders.

Although the Collaborative Protocols indicate that naloxone is to be administered by giving 1 mg per nare, this is not possible given the Adapt Pharma single dose actuator that administers a dose of 4 mg in 0.1 ml. Thus any pediatric patient experiencing an opiate overdose, defined as ineffective breathing and altered mental status with a suspicion of opiate exposure, may receive a dose of 4 mg / 0.1 ml of naloxone and this may be repeated in 5 minutes if no effect. This of course is done with the understanding that ventilations are being supported prior to and after naloxone administration; and that the risk/benefit ratio favors benefit with little increased risk despite the higher dose.

For all intravenous or intramuscular pediatric dosing of naloxone, titrate naloxone to achieve adequate respiratory effort. Although protocol indicates this may be dosed at 0.1 mg / kg up to a max of 2 mg, I would strongly suggest using even smaller doses, repeated as necessary, in non-arrest circumstances.

With any questions, do not hesitate to contact the office.

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**web** www.mlrems.org  
**phone** (585) 463-2900  
**fax** (585) 473-3516

**office**  
44 Celebration Drive, Suite 2100  
Rochester, NY 14620

**mailing**  
601 Elmwood Avenue, Box 655  
Rochester, NY 14642