



Montgomery County Fire and Rescue Service

Division of Operations

Emergency Medical and Integrated Healthcare Services

Office of Medical Oversight Clinical Practice Guideline

Title:	Use of Naloxone in Cardiac Arrest	Number:	2021 – 01
Date:	July 22, 2021		
Issued by:	Roger M. Stone MD, MS – MCFRS Medical Director		
Purpose:	To reinforce appropriate uses of naloxone during cardiac arrest resuscitation		
Target Patient Population:	Patients undergoing cardiac arrest resuscitation		
Guideline:	<p>The routine administration of naloxone in cases of confirmed cardiac arrest is discouraged for the following reasons:</p> <ul style="list-style-type: none">• If the patient is definitely pulseless and receiving standard resuscitation, including assisted ventilation, naloxone is unlikely to be beneficial.• The administration of naloxone can delay other treatments that may be of higher benefit such as the administration of epinephrine and aggressive airway management.• Boluses of naloxone given during resuscitation may be rapidly absorbed in the event of ROSC which may result in unintended consequences. <p>Naloxone should be withheld during confirmed cardiac arrest resuscitation until a patient achieves ROSC. If opiate overdose is suspected to be causing hypoventilation after ROSC is achieved, naloxone should be titrated to the desired effect. Caution should still be exercised during administration to avoid a sudden return to consciousness that could interfere with therapies such as concurrent airway management or hypothermia.</p>		