

Intern Sim Week

NARC NUANCES



Opiates

- ⊙ T1/2 = 2-2.5hrs
 - Renally elimination
 - Increased T1/2 in overdose ranges
- ⊙ Too Much Differential
 - Hypoglycemia = glucometer
 - EtOH = pupils/bowelsounds
 - CVA = neuro/eyes
 - Lytes = Na
 - Hypercapnea = ABG & look at the Pickwickian
 - Sepsis = Oh No!

Management

- Airway
- Exclude differential items
- Narcan IV
 - Cardiopulmonary Arrest = 2-4mg & repeat
 - Apneic = 0.4-1mg
 - Hypoventilating = 0.08 & titrate up
 - Not to mental status! Target RR instead
- If 5-10mg and no effect, think again



Narcan infusion

- ⦿ T_{1/2} of narcan = 1hr
- ⦿ So if you haven't given narcan for 2-3hrs you are clear
- ⦿ Start at 2/3 the dose needed for reversal
 - 2mg total given = 1.25mg/hr infusion
 - If withdrawal = stop infusion
 - If sx redevelop = resume at 0.6125mg/hr

Acute Lung

- ⦿ High pCO₂ + narcosis = extreme sympathetic tone = extreme increase in PVR = ALI and FPE
- ⦿ Hyperventilate patient prior to and during narcosis for the respiratory depressed patient