

## **INTRANASAL (IN) FENTANYL**

### **Indications:**

- Pain relief in children with moderate to severe acute pain requiring opiate analgesia where an IV is not otherwise required.

### **Dose:**

#### **1.5 micrograms/kg/dose**

(0.03mL/kg of 50mcg/mL solution)

- Dose can be repeated after 5 minutes, PRN
- If inadequate effect after 2<sup>nd</sup> dose consider other agents

**Onset:** Within 5 minutes of intranasal administration

**Peak Effect:** ~ 15 minutes

**Duration:** ~ 2 hours

### **Contraindications:**

- Allergy/Sensitivity to Fentanyl or other opiates
- Altered conscious state
- Occluded nasal passages
- Epistaxis
- MAOI antidepressant in last 14 days
- Intubated patients

### **Precautions:**

- Bradycardia/bradyarrhythmia
- Concurrent use of  $\beta$ -blockers
- Concurrent use of other CNS depressing medications
- Concurrent use of other intranasal medications (i.e. nasal decongestants, nasal steroids)
- Upper respiratory tract infection with nasal discharge

**Administration:**

- Draw up calculated dose plus an additional 0.2mL to prime device.
- Attach atomiser (MAD device, WolfeTory).
- Prime atomiser by slowly expelling the additional 0.2mL, leaving the calculated dose in the syringe.
- Position the patient sitting or at a minimum 45° angle.
- Insert atomiser gently into nostril and aim for centre of nostril when squirting in the dose.
- Depress syringe plunger quickly.
- If the dose is greater than 0.6mL (30mcg) split between the two nostrils.
- If the dose is greater than 2mL (100mcg) consider splitting the dose and giving at 5 minute intervals, or consider another form of analgesia.



**Monitoring:**

- Heart rate, respiratory rate, blood pressure, oxygen saturations, level of consciousness, pain scale
- Baseline
- At time of administration
- At 5 minute intervals for 15 minutes, then q15minutes until stable for discharge or transfer as determined by the physician

**Side Effects:**

- Respiratory depression
- Hypotension
- Dizziness
- Bradycardia
- Nausea and vomiting
- Altered conscious state/ excessive sedation
- Pruritus
- Chest wall rigidity (very rare, usually associated with large IV doses)
- Dyspnea/cough
- Stinging in the nose
- Bitter taste in the mouth

**Management of Overdose:**

- Airway support
- Oxygen
- Ventilatory support

**Reversal Agent: (requires IV/ET access)**

- Reversal of respiratory depression (i.e. RR less than 10 breaths/min, and SpO<sub>2</sub> continually less than 90%)
  - Naloxone 0.01 mg/kg IV/IM/Subcut q1-2minutes PRN (max 0.1mg/dose)
  - If using ET route, use 2-10x the IV dose
- Respiratory Arrest/ Resuscitation
  - Naloxone 0.1 mg/kg to maximum 2mg/dose, may be repeated q1-2minutes PRN
  - Continuous infusion rarely required; consult Pharmacist and IV administration monograph for patient-specific dosing