



Intranasal Fentanyl

Indications:

- Pain relief in children
- For moderate to severe pain requiring opiate analgesia
- Injury (?fracture) will be the most common indication

Contraindications:

- Known hypersensitivity to fentanyl
- Altered conscious state – GCS <15
- Bilateral occluded nasal passages
- Epistaxis
- MAO inhibitor antidepressants within the last 14 days

Dose:

- 1.5 micrograms / kilogram per dose
- 2 doses may be given if further analgesia is required
- After second dose, consider alternatives including IV

Administration:

- Use a 1ml or 3ml syringe
- Draw up the calculated dose of fentanyl according to the child's weight PLUS AND ADDITIONAL 0.1ML (to prime the atomiser)
- Attach atomiser (MAD device) to the 1ml syringe
- Prepare atomiser by SLOWLY priming (expel via the atomiser) the additional 0.1ml leaving the calculated dose in the syringe
- Position the patient either sitting up at 45 degrees or with head to one side
- Administer dose by inserting atomiser into nostril loosely and aim for centre of nasal cavity prior to squirting. Children over 50kg should have the dose split between both nostrils to prevent loss of solution by sneezing or swallowing
- Depress plunger quickly
- Subsequent dose may be given every 5 minutes IF inadequate analgesia. Maximum 2 doses.

Observations:

- Time of administration
- Dose
- Baseline pre narcotic observations
- Routine post narcotic vital signs (BP, HR, RR and O₂ Saturation 10 minutely for 30 minutes after the dose)

Side Effects:

- Respiratory depression
- Hypotension
- Nausea and vomiting
- Itch
- Chest wall rigidity (only reported in rapid large IV doses)

Treatment of Overdose:

- Support airway
- Oxygen
- Assist ventilation
- Consider Naloxone bolus 0.1mg/kg IM or IV maximum 2mg



Fast and effective

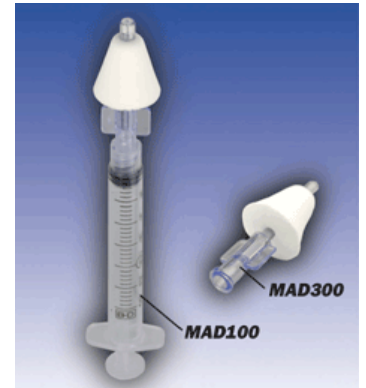
intranasal medication delivery a viable option to IV/IM/rectal dosing in select cases

Reduces pain and bleeding

associated with nasal and oral instrumentation and nasogastric tube placement

Controlled delivery

for topical anesthetics and vasoconstrictors



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