FENTANYL (intra-nasal) (C)
(Revised: July 2018)

TYPE:	A fast acting synthetic narcotic analgesic [S8]

PRESENTATION:	250mcg in 1ml *(25mcg / 0.1ml)* – in a pre-filled glass syringe, packaged in tamper-proof vial

ACTION:	Acts on the central nervous system by binding with the opioid receptors

USES:	ICP	1. Management of moderate to severe pain	AP
	ICP	2. Safe analgesic alternative in known allergy (anaphylactic) to morphine sulphate	AP

ADVERSE EFFECTS:	1. Central nervous system depression
	2. Respiratory depression
	3. Nausea / vomiting
	4. Occasionally – bradycardia
	5. Rigidity of the diaphragm, intercostals and jaw (rare)

CONTRA-INDICATIONS:	1. Known allergy or previous reaction to fentanyl
	2. Bleeding or bilateral occluded nostrils
	3. Altered level of consciousness
	4. Children under the age of 1 year

PRECAUTION:	Active labour

continues over

FENTANYL (intra-nasal) (C) – cont.

DOSES – INTRA-NASAL ONLY:

	AGE	FIRST DOSE	REPEAT	
ICP	1 – 5 years (<20kg)	25mcg	25mcg every 10 minutes as required	AP
ICP	5 – 12 years (20 – 40kg)	50mcg	Up to 50mcg every 10 minutes as required	AP
ICP	Small adult or adolescent / elderly / frail (40 – 70kg)	100mcg	Up to 50mcg every 5 minutes as required	AP
ICP	12+ yrs – adult (>70kg)	200mcg	Up to 50mcg every 5 minutes as required	AP

SPECIAL NOTES:

ICP	1. alternate nostrils for each spray until desired dose has been delivered	AP
ICP	2. doses of *morphine* following fentanyl use should be administered at **half doses** and titrated in response to pain	AP
ICP	3. doses of *ketamine* following fentanyl use should be administered at **half doses** and titrated in response to pain	
	4. fentanyl should not be administered if the maximum dose of morphine has already been administered *(AP only)*	AP
ICP	5. antiemetics should only be administered if the patient has nausea / vomiting prior to or post administration of fentanyl	AP
ICP	6. intra-nasal fentanyl should *NEVER* be administered IV	AP