### 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:**

<table>
<thead>
<tr>
<th></th>
<th>ICP</th>
<th>AP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Management of moderate to severe pain</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Safe analgesic alternative in known allergy (anaphylactic) to morphine sulphate</td>
<td></td>
</tr>
</tbody>
</table>

**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*
## DOSES – INTRA-NASAL ONLY:

<table>
<thead>
<tr>
<th>AGE</th>
<th>FIRST DOSE</th>
<th>REPEAT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 5 years (&lt;20kg)</td>
<td>25mcg</td>
<td>25mcg every 10 minutes as required</td>
<td>AP</td>
</tr>
<tr>
<td>5 – 12 years (20 – 40kg)</td>
<td>50mcg</td>
<td>Up to 50mcg every 10 minutes as required</td>
<td>AP</td>
</tr>
<tr>
<td>Small adult or adolescent / elderly / frail (40 – 70kg)</td>
<td>100mcg</td>
<td>Up to 50mcg every 5 minutes as required</td>
<td>AP</td>
</tr>
<tr>
<td>12+ yrs – adult (&gt;70kg)</td>
<td>200mcg</td>
<td>Up to 50mcg every 5 minutes as required</td>
<td>AP</td>
</tr>
</tbody>
</table>

## SPECIAL NOTES:

1. alternate nostrils for each spray until desired dose has been delivered

2. doses of morphine following fentanyl use should be administered at half doses and titrated in response to pain

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)

5. antiemetics should only be administered if the patient has nausea / vomiting prior to or post administration of fentanyl

6. intra-nasal fentanyl should NEVER be administered IV