Emergency Department Guideline
Intranasal (IN) Fentanyl

Objective: To utilize IN fentanyl for a.) Initial pain therapy for the pediatric patient without IV access; b.) Minimal sedation for the pediatric patient

Indication:
1. The stable pediatric patient, who requires pain therapy for moderate- to severe-pain, and who does not have IV access;
2. The pediatric patient who requires mild- to moderate-sedation, as an adjunct to IN midazolam.

Evaluation/Intervention:
1. Pain Therapy. Initial triage evaluation, including weight in kg, vital signs, NPO status.
   a. Use IV fentanyl, 50mcg/ml concentration, with Mucosal Atomization Device (MAD) on syringe
   b. Dosage: IN fentanyl 1.5mcg/kg, to maximum of 100mcg (2ml) divided evenly between nares, rapidly infuse through MAD to each side.
   c. May repeat dosage of IN fentanyl as needed for pain.
2. Sedation. Initial triage evaluation, including weight in kg, vital signs, NPO status. Monitoring per Minimal sedation protocol, with oximetry/capnography. Recommend NPO for minimum of 1 hour prior to sedation.
   a. Use IV midazolam, 5mg/ml concentration, with (MAD) on syringe.
   b. Dosage: IN midazolam 0.4-0.5mg/kg, to maximum of 10mg (2ml) divided evenly between nares, rapidly infuse through MAD to each side.
   c. For addition of IV fentanyl, 50mcg/ml concentration, with MAD on syringe.
   d. Dosage: IN fentanyl 1.5mcg/kg, to maximum of 100mcg (2ml) divided evenly between nares, rapidly infuse through MAD to each side.

Documentation:
1. Triage vital signs: Weight in kg, Rectal temperature, HR, RR, oximetry, capillary refill
2. Vital signs after IN fentanyl dose(s)
3. Document pain scale before and after dose(s)
3. Time of each intervention