



CHARLOTTESVILLE-ALBEMARLE RESCUE SQUAD Clinical Review and Training

Intranasal Administration Guideline

Indications:

Skill Level: I/P

Intranasal (IN) medication administration can be administered for initial pain management related to painful presentations (***Fentanyl***). It can also be used for seizure control and severe agitation when intravenous access cannot be achieved quickly (***Midazolam***). IV or IO access will follow after IN administration of these agents in all instances.

Absolute Contraindications:

- Nasal trauma or epistaxis
- Significant nasal septal abnormalities
- Significant nasal congestion or discharge with large amounts of visible secretion

Relative Contraindications

- Recent intranasal use of vasoconstricting medications
- Recent intranasal cocaine use
- Hypotension (less than 90 mm Hg systolic)

Equipment

- Medication indicated by treatment protocol
- 3 mL syringe
- Mucosal atomizer device (MAD)

Procedure

- Patient should be in a supine or recumbent position. If the patient is sitting then compress the nares after administration
- Draw up medication into a syringe using appropriate transfer device
- Remove needle and place MAD onto syringe and confirm it is secure
- Administer medication by forcefully compressing the plunger to expel and atomize the medication administering a **maximum of 1 mL of solution per nare**
- Evaluate medication effectiveness and continue with treatment protocol

Dosage

Fentanyl (100 mcg/2 mL)

Adult Dosage

- **25-50 mcg in 0.5-1 mL** respectively. Repeat once in 10 minutes if needed for pain management and if no IV access established. One-half (1/2) the total dose is administered in each nare.

Pediatric Dosage up to 12 years old

- **1 mcg/kg** not to exceed 50 mcg.

Versed (10 mg/2 mL)

Adult Dosage

- **2.5-5 mg**, repeat once in 10 minutes if needed for seizure management and no IV access established. One-half (1/2) the total dose is administered in each nare.

Pediatric Dosage

- **0.1 mg/kg**, not to exceed 5 mg; repeat in 10 minutes if needed for seizure management and no IV access established. One-half (1/2) the total dose is administered in each nare.