

	Policy:	Administration of Fentanyl for pain
	Number:	
Approved by: MAC November 2008	Manual:	
Signature:	Section:	Medical Directive Emergency
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Procedure:

Fentanyl

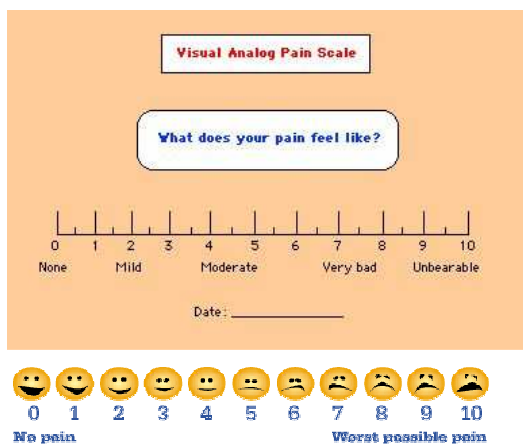
- Adult dose 0.5 to 2 ug/kg- give in increments of 25-50ug slow IV over 2 minutes and Repeat q 5-10 minutes prn.

Start with 25ug in patients > 65 and in patients with known hepatic impairment

- Pediatric dose is 0.5 to 1 ug/kg

Indications:

- Any painful condition (including long bone fractures, joint dislocations, and suspected renal or biliary colic)
- Nurse-initiated protocol anytime physician will not be able to assess patient within 5 minutes
- Pain assessed by patient or nurse as moderate or severe with score > 4/10



Contraindications:

- Known hypersensitivity to fentanyl
- Head injury
- Severe respiratory disease or depression
- Known severe liver or renal impairment
- BP < 90/50 or MAP < 80
- Weight < 10 kg
- Those patients suspected of seeking narcotics

Effective Date: January 01/09	Revised Date:	Version: November 2008
File Name: Fentanyl Administration	ED-Med-02	

Guidelines:

- (1) Apply Ametop, preferentially at Triage. If wait expected > 30 minutes, apply EMLA.
- (2) Establish IV access with normal saline TKVO.
- (3) Fentanyl dose 0.5-2ug/kg (0.5-1ug/kg in paediatric patients) given in increments of 25-50ug slow IV over 2 minutes and repeat q 5-10 minutes prn.
- (4) Start with 25ug in patients > 65 and in patients with known hepatic impairment.
- (5) Consider longer acting narcotic at end of procedure if you expect ongoing pain.
- (6) Check vitals (HR, BP, RR) after administration, when symptomatic and q 15 minutes while administering the analgesic.
- (7) Continuous SaO₂ monitoring and ETCO₂ monitoring when available.
- (8) Give Gravol 1 mg/kg to max 50 mg IV if nausea develops.
- (9) In the event of respiratory depression rate <8/min, **notify MD immediately**. For treatment, draw 0.4 mg of Narcan and dilute out to 10 cc with normal saline [0.04mg/ml] and give in 2 cc aliquot (0.08 mg) q 30 seconds until improvement.

COMPLICATIONS

- (1) Call for help
- (2) If hypoventilation develops, provide verbal stimulation to patient (“take a few breaths”), consider modified jaw thrust, and consider Narcan.
- (3) In the event that saturations are below 90 or alarms are sounding on ETCO₂ monitor, call for physician assistance immediately.

CAUTIONS

- (1) Bradycardia, severe respiratory depression and chest wall rigidity can occur with high dose (>300ug) and rapid IV administration.

References:

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