Policy: Administration of Fentanyl for pain

Approved by: MAC November 2008

Signature:

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File Name: Fentanyl Administration ED-Med-02

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
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 SaO$_2$ monitoring and ETCO$_2$ 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 ETCO$_2$ 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:


