

Subject: Scope of Practice/Procedure – ALS
Fentanyl (Sublimaze)

Associated Policies:

I. Class:

- A. Potent synthetic opioid analgesic.

II. Indications:

- A. Moderate to severe pain associated with medical or traumatic conditions.
- B. Premedication for cardioversion or transcutaneous pacing.

III. Therapeutic effects:

- A. CNS depressant
- B. Binds to various opiate receptors for producing analgesia and sedation.
- C. Decreases sensitivity to pain

IV. Contraindications:

- A. Absolute:
 - 1. Hypersensitivity
- B. Relative:
 - 1. Use with caution in hypotension
 - 2. Use with caution in patients with increased ICP
 - 3. Use with caution in elderly patients

V. Administration:

Can be administered IV, IO, IN(Intranasal)

Onset: Within 2~3 minutes, Duration: 30 minutes

A. Dosage:

1. Adult:

a. IV/IO route:

25-100mcg, SLOW IV/IO bolus over 1-2 minutes.

May repeat at half the initial dose every 10 minutes to maximum cumulative dose not to exceed 3mcg/kg. Additional dosing requires BASE CONTACT

b. IN route:

50-100mcg IN single dose. Not to exceed a total volume of 1cc per nostril. Repeat dosing only via IV route, and 10 minutes after initial IN dose up to a maximum cumulative dose of 3mcg/kg.

c. Additional dosing requires BASE CONTACT

d. Use lowest dose of 25mcg in elderly and titrate more slowly.

2. Pediatric: (1-12 years):

a. IV/IO route: 1 mcg/kg SLOW IV/IO bolus.

May repeat at half the initial dose after 10 minutes to a maximum cumulative dose of 3 mcg/kg

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b. IN route:

1 mcg/kg IN single dose. Repeat dosing only via IV route, and 10 minutes after initial IN dose up to a maximum cumulative dose of 3 mcg/kg.

VI. Fentanyl Drip for Interfacility Transports ONLY:

- A. Fentanyl drips will be initiated by hospital staff prior to transfer for intubated patients requiring transfer.
- B. IV Pumps are required for fentanyl drips.
- C. Fentanyl drips dose range is 0-200 mcg/hour, starting dose 25 mcg/hr. Titrate in increments of 25mcg per hour as needed for pain control.
- D. Reduce or hold for hypotension.

VII. Side effects:

- A. Respiratory depression, including apnea, may occur suddenly and more commonly in children and elderly.
- B. Hypotension especially when used with other sedatives such as alcohol or benzodiazepines.
- C. Bradycardia
- D. Nausea/Vomiting
- E. Drowsiness
- F. Can increase intracranial pressure.
- G. Chest wall rigidity (Wooden Chest Syndrome) has been reported with rapid administration.
- H. Pediatric patients may develop apnea without manifesting significant mental status changes.

VII. Special Information:

- A. Naloxone (NCEMS Policy #5311) can be used to reverse the effects of Fentanyl.