

Subject: ALS Medication – Paramedic
Fentanyl (Sublimaze) Administration Policy

I. Class

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:
 - Known 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 and Dosage

A. Adult

- 1. IV/IO route:
 - a. 25-100mcg, SLOW IV/IO bolus over 1-2 minutes.
 - b. May repeat at half the initial dose every 10 minutes to maximum cumulative dose not to exceed 3mcg/kg.
 - c. Additional dosing requires BASE CONTACT
- 2. IN route:
 - a. 50-100mcg IN single dose. Not to exceed a total volume of 1cc per nostril.
 - b. 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
- 3. IM Route:
 - a. 50- 100mcg IM, additional dosing requires Base Contact.
- 4. Elderly Patients: Use the lowest dose of 25mcg in elderly and titrate more slowly.

B. Pediatric

- 1. IV/IO route:
 - a. 1 mcg/kg SLOW IV/IO bolus.
 - b. May repeat at half the initial dose after 10 minutes to a maximum cumulative dose of 3 mcg/kg

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2. IN route:
 - a. 1 mcg/kg IN single dose.
 - b. IN dose up to a maximum cumulative dose of 3 mcg/kg.
 - c. Repeat dosing only via IV route, and 10 minutes after initial dose IN dose up to a maximum cumulative dose of 3 mcg/kg.
3. IM route: 1 mcg/kg IM. May not be repeated.

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. Special Information

- A. Respiratory depression, including apnea, may occur suddenly and more commonly in children and elderly.
- B. Hypotension can occur especially when used with other sedatives such as alcohol or benzodiazepines.
- C. Additional adverse effects can include bradycardia, nausea and/or vomiting, and drowsiness.
- D. Can increase intracranial pressure.
- E. Chest wall rigidity (Wooden Chest Syndrome) has been reported with rapid administration.
- F. Pediatric patients may develop apnea without manifesting significant mental status changes.
- G. Naloxone can be used to reverse the effects of Fentanyl.

VIII. Base Orders

Standing Order if no contraindications exist.