PURPOSE
To facilitate prompt recognition and adequate treatment for those children experiencing moderate to severe pain on presentation to the Emergency Department. Relief of pain does not end with the administration of medications and this protocol is designed to supplement these other important measures.

EXCLUSIONS
1. Children under the age of 1 year
2. Prior narcotic administration within the last 4 hours
3. Hemodynamic instability
4. Altered level of consciousness or head injury
5. Altered respiratory rate
6. Known opioid allergy or hypersensitivity
7. Active Epistaxis

POINTS OF EMPHASIS
1. Administration of IN fentanyl should be considered in any child age 1-12 years old with moderate to severe pain as assessed subjectively by triage or the bedside nurse
   a. The physical limitations of the intranasal route make administration in the older child (weight >50kg) difficult, as it requires very large volumes.
   b. IN fentanyl is not contraindicated in the older child, but should not be expected to be as effective due to large volumes.
   c. Older children are considered good candidates for rapid IV access and administration of IV analgesics.

2. Example indications would include the following injury patterns:
   a. Burn Patients: Burns to the extremities or torso due to hot liquids or direct contact with a heat source involving an estimated surface area of less than 5% of the total body surface area. Burns may show blistering.
b. Minor Fractures: Children showing signs of significant discomfort from trauma to the distal forearm, hand, ankles or clavicles. They may have mild swelling or bruising, but no lacerations of the skin, impaired sensory or motor function and no significant deformity.

c. Significant Soft-tissue Injuries: These would include all crush patterns of injury as well as significant hand or fingertip injuries.

Protocol

1. Verify that no narcotics (eg. Morphine, Codeine, Tylenol #3, etc.) have been administered in the previous 4 hours and that the child has had no prior allergic or other negative reactions to narcotics.
2. Complete a baseline full set of vital signs.
3. Consult an Emergency Department physician and identify that you have a patient who meets inclusion criteria for the Intranasal Fentanyl Protocol.
4. Obtain verbal order for IN fentanyl dose of 1.5ug/kg.
5. Administration should be performed using a mucosal atomizer device and syringe.
6. Administer half the dose in each nostril.
7. A second dose of 0.5ug/kg may be administered 15mins after the initial dose if significant pain persists.
8. Repeat set of vitals every 15 minutes, until return to baseline VS.
9. Documentation in SEC:
   a) Input the Fentanyl order using the Common Schedule 1 meds list
   b) Attribute the order to Emergency physician by name and “source” as Verbal, with Repeat (confirmation).

PERSONNEL PERMITTED TO PERFORM PROCEDURE
Registered Nurse
Licensed Practical Nurse
Registered Orthopedic Technicians

REFERENCES

Lexicomp Online (2014)

CROSS REFERENCES

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