INTRANASAL FENTANYL

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WHAT WE COVER

- Pain
 - Children in Pain
 - Analgesia
 - Pain Scales
 - Time to Analgesia
- Research
 - Current Research
 - Area's Further Research

Fentanyl

- Indications
- Pharmacotherapeutics
- Legislation
- Precautions
- Dose
- Intranasal Route
- Adverse Effects
- Delivery
- Recovery and Discharge





PAIN

Pain

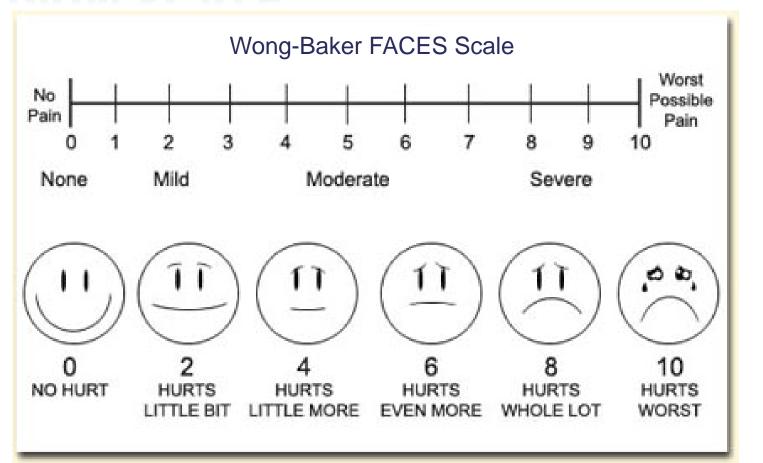
- Individual
- Often misunderstood
- Difficult to measure in children

Children in Pain

- Unpredictable
- Frightened
- Show varying responses
- Behaviour changes



PAIN SCALE



PAIN SCALES

FLACC Pain Scale

	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant quivering chin, clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
Cry	No cry (awake or asleep)	Moans or whimpers; occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging or being talked to, distractible	Difficult to console or comfort





ANALGESIA

Requirements

- Initiated at triage
- Least invasive
- Easy to use
- Non-specialist skill
- Minimum time to analgesia
- Effective



FENTANYL

Pharmacotherapeutics

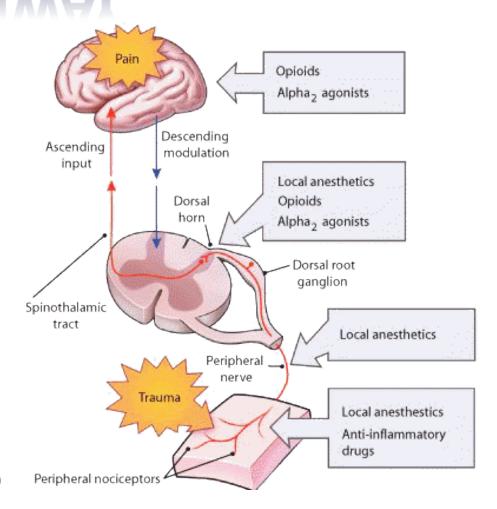
- Synthetic opiate analgesic
- Anxiolitic
- Euphoric
- Rapid Onset (5 10 minutes)
- Short acting (30 60 minutes)

Legislation

Controlled Medicine



PAIN PATHWAY





INTRANASAL FENTANYL

- Published Research Shows
 - Effective
 - Safe
 - Children > 2 years
 - Comparative effect to IV Morphine in pain relief for:
 - Long bone fractures
 - Post operative pain
 - Burns dressings



INDICATIONS

- Intranasal (IN) Fentanyl
 - Pain (moderate / severe)
 - No IV access
 - Allow time for topical anaesthetic creams to work



INTRANASAL ROUTE

Absorption

- Rapid (5-10 minutes)
 - Large nasal mucosa surface area
 - Highly permeable nasal mucosa
 - Skip first pass metabolism
 - Bioavailability of greater than 50%

Minimally Invasive

Decreases time to analgesia





PRECAUTIONS

- Conditions requiring immediate IV intervention
- URTI / Blocked Nose
- Prior narcotic or sedative administration
- Co morbidities requiring modified dose
- Drug Dependence





CONTRAINDICATIONS

- Caution in age less than 2 years
- Trauma
 - Head
 - Chest
 - Abdominal
- MAO Inhibitors
- Bronchial Asthma



DOSE

Limits

- Minimum dose 20 micrograms
- Maximum dose 100 micrograms

First Dose

1.5 micrograms / kg

Second Dose

- 0.5 micrograms / kg
- > 10 minutes post first dose





ADVERSE EFFECTS

- Nausea
- Vomiting
- Sedation
- Respiratory Depression
- Muscle Rigidity



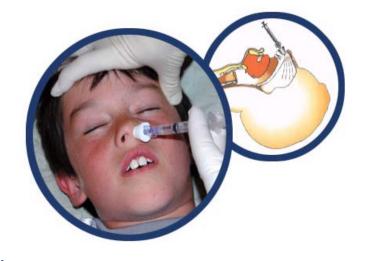
DELIVERY EQUIPMENT

- Atomizer (MAD Device)
- 1 ml syringe (luer lock)



DELIVERY TECHNIQUE

- Positioning
 - Reclining 45 degrees
- Maximum Volume
 - 1 ml per nostril
- Sniff
 - while IN Fentanyl delivered



RECOVERY AND DISCHARGE

- Observe for 20 minutes
 - Escort for transfers

- Discharge after 1 hour
 - If responding age appropriately
- Patient / Parent Information



FURTHER RESEARCH

- Nurse initiated IN Fentanyl
- Concentrated IN Fentanyl Solution
- IN Fentanyl for children under 2 years



QUESTIONS

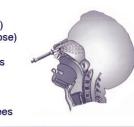
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Starship Children's Hospital Clinical Guidelines **Intranasal Fentanyl**

Dosage

- 1.5 micrograms / kg (first dose)
- 0.5 micrograms / kg (second dose)
- 10 minutes post first dose
 - maximum dose 100 micrograms
 - Delivery
 - maximum 1 ml per nostril
- position reclinined at 45 degrees



Onset - 5-10 mintues Half Life - 30-60 minutes **Precautions** - Blocked Nose Actions - Injury Nature - Prior Narcotic Doses - analgesic - Co-morbidities - anxiolytic - euphoric Adverse Contraindications **Effects** - Head Injury - Nausea - Chest Injury - Vomiting - Abdominal Trauma - Sedation - Age < 2 years - Respiratory - Hypersensitivity Depression Indications - Pain (Moderate /Severe) - IVL unavailable - Allow time for local topical anaesthetic cream to be effective

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