

INTRANASAL
PAIN MEDICATION
Administration

GUIDELINES

for administering intranasal pain medications:

1. Clear the nose of mucous or blood. Suction if you have to.
2. You double your absorptive surface if you put half the dose up each nostril.
3. Use the most concentrated form of the drug you have. You cannot put more than 1 mL of volume in a nostril or it loses efficacy. If you have to, wait a few minutes and dose again to get the full volume in.
4. Aim slightly upward and toward the patients ear on the same side as the nostril. This is the direction to where most of the nasal mucosa are located. Remember to have someone hold the patients head to avoid accidentally administering the drug to the whole room, including yourself.
5. Depress the syringe briskly to create a fine mist from the device.
6. Watch your Patient- Anything that can go wrong with these medicines can obviously happen when giving them intranasally. Consider taking all precautions you would normally take if administering these medications intravenously.

Table 1. A list of the most commonly used medications and their dosages (reversal agents in blue)

Fentanyl	1.5-2.0 mcg/Kg
Midazolam- anti-anxiety	0.4-0.5 mg/Kg
Midazolam- for seizures	0.2 mg/Kg
Naloxone	up to 2mg
Flumazenil	0.01 mg/kg-with repeat doses as per IV dose recommendation

*Note: There are several other medicines found to be effective for use with sedation, seizure, epistaxis, topical nasal anesthetics, and hypoglycemia

Specific Drug Issues:

- Midazolam burns a bit – warn your patient
- Sufentanil causes deep sedation – if you are going to use this you will want a pulse ox and monitor

The web is a good source to get started with dosing guidelines. A good place to start is www.intranasal.net.