

RX-P2
INTRANASAL
MEDICATION



Indications

- Emergent need for medication administration and IV access unobtainable/presents a high risk of needlestick injury due to patient condition

Contraindications

- Bleeding from the nose or excessive nasal discharge
- Mucosal destruction

Procedure

1. Draw proper dosage (*see below*)
 - a. Medications administered via the IN route require a higher concentration of drug in a smaller volume of fluid than typically used.
 - b. In general, no more than 1 milliliter of volume can be administered per nostril.
2. Expel air from syringe
3. Attach the MAD device via LuerLock
4. *Briskly* compress the syringe plunger
5. Divide the total dose between each nostril ($\frac{1}{2}$ in each)

NOTES:

- *Gently* pushing the plunger will not result in proper atomization
- IntraNasal Dosing is less effective than IV dosing (slower onset, incomplete absorption)
- Home use of nasal vasoconstrictors (i.e. Afrin) will significantly reduce the effectiveness of IN medications.

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Approved IN Medications

Ativan (lorazepam)

2 mg IN

Repeat: every 5 min
Max: 2 doses IN

Peds: 0.1 mg/kg

Versed (midazolam)

5-10 mg IN

Repeat: every 5 min
Max: 2 doses IN

Peds: 0.2 mg/kg

Ketamine

Nebulized

See Ketamine for Pain
RX-03

Peds: per Medical Control

Narcan [naloxone]

0.4-2 mg IN

Repeat: as needed

Peds: 0.1 mg/kg

Fentanyl

50-100 mcg IN

Repeat: 10 min
Max: 2 does IN

Peds: 1 mcg/kg

Glucagon

1-2 mg IN

Repeat: every 10 min

Peds: 0.1 mg/kg