<table>
<thead>
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<th>FROM: Medical Director</th>
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<td>TO: Advanced Paramedics</td>
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**SUBJECT: Use of intranasal fentanyl**
This Clinical Directive authorises Advanced Paramedics to use intranasal fentanyl for paediatric pain management once all of the following conditions are satisfied:

1. Intranasal fentanyl must be administered in accordance with PHECC CPG 6.2.6S or 6.7.14S
2. To be authorised to administer intranasal fentanyl, APs must have
   a. satisfactorily completed the Paediatric Pain Management online educational module and
   b. presented evidence of successful completion to the relevant Education and Competency Assurance Officer
3. Fentanyl is a Controlled Drug as per the Misuse of Drugs Acts—its use must strictly follow provisions laid down in the NAS Medicines Management Policy-NASCG005

**RATIONALE:**
Intranasal fentanyl in children has been shown to be an effective and safe form of analgesia. The intranasal mode of administration obviates the need for intravenous access, and removes the distress that cannulation sometimes causes in children.

**EFFECTIVE FROM:** December 21st 2012

**EFFECTIVE TO:** Indefinite

**QUESTIONS OR COMMENTS ON THIS DIRECTIVE:**
Education and Competency Assurance Team
The general principle in pain management is to start at the bottom rung of the pain ladder, and then to climb the ladder if pain is still present. Practitioners, depending on his/her scope of practice, may make a clinical judgement and commence pain relief on a higher rung.

**Analogue Pain Scale**

0 = no pain……..10 = unbearable

**Pain assessment**

Administer pain medication based on pain assessment and pain ladder recommendations

**Adequate relief of pain**

No

Reassess and move up the pain ladder if appropriate

**Special Authorisation:**
Advanced Paramedics who have received training on Fentanyl and are operating within the pre-hospital paediatric pain management study are authorised to administer Fentanyl IN for severe pain.

**Fentanyl dose** (inclusive of 0.1 mL for MAD)

<table>
<thead>
<tr>
<th>Age</th>
<th>1 year (10 Kg)</th>
<th>2 years (13 Kg)</th>
<th>3 years (16 Kg)</th>
<th>4 years (19 Kg)</th>
<th>5 years (22 Kg)</th>
<th>6 years (25 Kg)</th>
<th>7 years (28 Kg)</th>
<th>8 years (31 Kg)</th>
<th>9 years (34 Kg)</th>
<th>10 years (37 Kg)</th>
<th>11 years (40 Kg)</th>
<th>12 years (43 Kg)</th>
<th>13 years (46 Kg)</th>
</tr>
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<tbody>
<tr>
<td>(10 Kg)</td>
<td>0.015 mg = 0.4 mL</td>
<td>0.02 mg = 0.5 mL</td>
<td>0.024 mg = 0.6 mL</td>
<td>0.029 mg = 0.7 mL</td>
<td>0.033 mg = 0.8 mL</td>
<td>0.038 mg = 0.9 mL</td>
<td>0.042 mg = 0.9 mL</td>
<td>0.047 mg = 1.0 mL</td>
<td>0.051 mg = 1.1 mL</td>
<td>0.056 mg = 1.2 mL</td>
<td>0.06 mg = 1.3 mL</td>
<td>0.065 mg = 1.4 mL</td>
<td>0.069 mg = 1.5 mL</td>
</tr>
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**Severe pain** (≥ 7 on pain scale)

*Consider* Paramedic

**Severe pain** (≥ 7 on pain scale)

Request ALS

Fentanyl 0.0015 mg/kg IN (1.5 mcg/kg)

Repeat x 1 prn

or

Morphine 0.3 mg/kg PO Max 10 mg

or

Morphine 0.05 mg/kg IV Max 10 mg

and/or

Paracetamol 20 mg/kg PO

and/or

Ibuprofen 10 mg/kg PO

and/or

Nitrous Oxide & Oxygen, inh

and/or

Ondansetron 0.1 mg/kg IV slowly (Max 4 mg)

**Mild pain** (1 to 3 on pain scale)

*Consider* Paramedic

**Mild pain** (1 to 3 on pain scale)

Paracetamol 20 mg/kg PO

**Moderate pain** (4 to 6 on pain scale)

*Consider* Paramedic

**Moderate pain** (4 to 6 on pain scale)

Paracetamol 20 mg/kg PO

and/or

Ibuprofen 10 mg/kg PO

and/or

Nitrous Oxide & Oxygen, inh

Consider other non pharmacological interventions

**PHECC Paediatric Pain Ladder**

**Decisions to give analgesia must be based on clinical assessment and not directly on a linear scale**

Reference: World Health Organization, Pain Ladder
The general principle in pain management is to start at the bottom rung of the pain ladder, and then to climb the ladder if pain is still present. Practitioners, depending on his/her scope of practice, may make a clinical judgement and commence pain relief on a higher rung.

Administer pain medication based on pain assessment and pain ladder recommendations.

- Adequate relief of pain
  - Yes or best achievable
    - Go back to originating CPG
  - No
    - Reassess and move up the pain ladder if appropriate

Pain assessment

Pain assessment recommendation

- ≥ 8 years use analogue pain scale

Analogue Pain Scale

- 0 = no pain
- 10 = unbearable

Fentanyl dose (inclusive of 0.1 mL for MAD)

- 14 years (49 Kg): 0.074 mg = 1.6 mL
- 15 years (52 Kg): 0.078 mg = 1.7 mL
(Maximum 0.1 mg per dose)

Pain Management – Adolescent (14 to ≤ 15 years)

Moderate pain

4 to 6 on pain scale

- Moderate pain
  - Paracetamol 1 g PO
  - and/or
  - Ibuprofen 400 mg PO
  - and/or
  - Ondansetron 4 mg IV slowly
  - or
  - Cyclizine 50 mg IV slowly

Severe pain

≥ 7 on pain scale

- Severe pain
  - Morphine 2 mg IV
  - and/or
  - Paracetamol 1 g PO
  - and/or
  - Nitrous Oxide & Oxygen, inh
  - or
  - Ondansetron 4 mg IV slowly
  - or
  - Cyclizine 50 mg IV slowly

Paracetamol 0.0015 mg/Kg IN (1.5 mcg/Kg)

- Repeat x 1 prn

Repeat Fentanyl IN, once only, at not < 10 min after initial dose.

Repeat Morphine at not < 2 min intervals if indicated.

Max 10 mg

For musculoskeletal pain Max 16 mg

Mild pain

1 to 3 on pain scale

- Mild pain
  - Paracetamol 1 g PO

Consider other non pharmacological interventions

PHECC Pain Ladder

Decisions to give analgesia must be based on clinical assessment and not directly on a linear scale

Reference: World Health Organization, Pain Ladder