

	M03.2 - FENTANYL	
	MEDICATION STANDING ORDER	HIGH-ALERT MEDICATION ¹
Version date: 2023-12-13	Effective date: 2024-02-13 (0700)	

INDICATIONS

- Moderate to severe pain from an acute illness, injury, or an exacerbation of a chronic condition that is significant enough to require analgesic to facilitate safe and comfortable patient transport

CONTRAINDICATIONS

- True allergy to fentanyl
- Decreased level of consciousness or known / suspected significant head injury
- Significant drug or alcohol intoxication
- Hypoventilation or respiratory failure
- Uncorrected / uncorrectable hypotension or hypo-perfusion

ROUTE (WORK SCOPE)	INITIAL DOSE	REPEAT DOSE
INTRANASAL (PCP & ABOVE)	10 years & older - 2 mcg/kg (max = 100 mcg/dose)	Once in 10 min
	12 months up to 10 years - 2 mcg/kg (max = 50 mcg/dose)	Once in 10 min
INTRAMUSCULAR (PCP & ABOVE)	10 years & older - 2 mcg/kg (max = 100 mcg/dose)	Every 30 - 60 min (max = 200 mcg/hr)
	12 months up to 10 years - 2 mcg/kg (max = 50 mcg/dose)	Every 30 - 60 min (max = 100 mcg/ hr)
INTRAVENOUS / INTRAOSSEOUS (PCP & ABOVE)	10 years & older - 0.5 - 1 mcg/kg (max = 100 mcg/dose)	Every 15 - 30 min (max = 200 mcg/hr)
	12 months up to 10 years - 0.5 - 1 mcg/kg (max = 50 mcg/dose)	Every 15 - 30 min (max = 100 mcg/hr)

NOTES

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| <ol style="list-style-type: none"> 1. ERS HIGH-ALERT MEDICATION: Refer to Shared Health Provincial Clinical Standard - Safety Controls for High-Alert Medications (refer to A03 - HIGH ALERT MEDICATIONS). 2. Administer IV / IO by slow push over 60 seconds. 3. Paramedics should be able to obtain IV access if administering by IN route to treat potential hypotension or oversedation. 4. During the COVID pandemic IN administration requires extended PPE. 5. Fentanyl is a high-potency opioid and may have pronounced depressive effects on the respiratory drive of opioid-naïve patients.

It may have more pronounced effects on the central nervous, respiratory and cardiovascular systems in the elderly, especially if frail or compromised. Consider smaller doses and slower administration in patients greater than 75 years of age. 6. Patients who are compensating for hemodynamic compromise may develop hypotension after fentanyl administration. If hypotension develops, give intravenous crystalloid by rapid bolus and reassess before repeating administration. |
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APPROVED BY

	
Medical Director - Provincial EMS/PT	Associate Medical Director - Provincial EMS/PT

VERSION CHANGES (refer to X08 for change tracking)
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| <ul style="list-style-type: none"> • Addition of Shared Health Provincial Clinical Standard for high-alert medications |
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