

Michigan MEDICATION SECTION

INTRANASAL MEDICATION ADMINISTRATION (OPTIONAL)

Initial Date: 11/15/2012

Revised Date: 11/14/2017

Section 9-4

Intranasal Medication Administration (Optional)

Medical Control Authorities choosing to adopt this supplement may do so by selecting this check box. Adopting this supplement changes or clarifies the referenced protocol or procedure in some way. This supplement supersedes, clarifies, or has authority over the referenced protocol.

Purpose: This optional procedure authorizes intranasal medication administration by paramedics (and other levels of licensure, for naloxone) using an FDA-approved atomizing device. This procedure authorizes the substitution of the intranasal route for other routes specified in individual protocols as approved for specific indications stated below by the local medical control authority.

Indications: In general, the intravenous route is preferred for medication administration. This procedure may be considered when IV access is unavailable and when a needleless delivery system is desired because of patient agitation, combativeness, or similar conditions that may pose a safety risk to personnel.

CHECK MCA APPROVED INDICATION

- Pain Management
- Altered Mental Status with Suspected Opiate Overdose
- ☑ Sedation
- Seizures
 - Select desired medication and determine dose (See Medication Table).
 - Draw up appropriate dose (volume) of medication plus an additional 0.1 mL to account for device dead space.
 - 3. Attach atomizing device to syringe.
 - 4. Use one hand to support back of patient's head as needed.
 - Place tip of atomizing device snuggly against nostril aiming slightly upward and outward.
 - 6. Rapidly administer one half of the dose of medication, briskly pushing plunger.
 - 7. Repeat with other nostril delivering the remaining volume of medication.
 - 8. Use the highest concentration available for the medication.
 - Note: Maximal dose per nostril is 1 cc.

Indication	Medication
Suspected Opiate Overdose	Naloxone (1mg/1mL)
Sedation/Seizures	Midazolam
Adult Pain Control	Fentanyl
Adult Pain Control/Sedation	Ketamine
Pediatric Pain Control	Fentanyl
Pediatric Sedation/Seizure	Midazolam
Pediatric Pain Control/Sedation	Ketamine

MCA Name: Bay County MCA MCA Board Approval Date: 02/26/2018 MCA Implementation Date: 05/01/2018 Protocol Source/References: