

I) PURPOSE:

To define the indications and use of intranasal medication administration in the prehospital setting by Paramedics and AEMT personnel.

II) INDICATIONS:

- A) Poisoning – Narcotic Overdose
 - 1) Indicated for patients who are unconscious/unresponsive in whom an opiate overdose is suspected without IV access who require urgent medication administration
- B) Altered neurologic function - Seizures
 - 1) Indicated for patients who are actively seizing without IV access who require urgent medication administration
- C) Behavioral emergencies – For patients exhibiting severe agitation
 - 1) Indicated for severely agitated patients who require urgent medication administration to reduce the risk of injury to patient or others

III) CONTRAINDICATIONS:

- A) Epistaxis
- B) Nasal trauma
- C) Nasal septal abnormalities
- D) Nasal congestion or discharge

III) APPROVED MEDICATIONS FOR INTRANASAL ROUTE:

- A) Glucagon
- B) Naloxone (Narcan)
- C) Midazolam (Versed) – 5 mg/ml concentration required

IV) PROCEDURE:

- A) Determine appropriate medication dose per protocol
- B) Draw up medication into a syringe using appropriate transfer needle
- C) Purge air from syringe
- D) Place mucosal atomization device on the end of the syringe and screw into place
- E) Gently insert the atomizer into the nare. Stop once resistance is met
- F) Rapidly administer the medication when patient fully exhales and before inhalation.
ADMINISTER ½ DOSE IN EACH NOSTRIL
- G) Do not exceed 1.0 ml per nostril

MEDICAL PROCEDURES

INTRANASAL MEDICATION ADMINISTRATION

POLICY# 7120

- H) Monitor ECG, Vital Signs (BP, HR, RR, SPO₂)
 - I) Evaluate the effectiveness of the medication, if the desired effect has not been achieved, consider repeating and/or changing route of administration

 - V) PRECAUTIONS:
 - A) Nasal administration does not always work for every patient
 - B) Nasal administration is less likely to be effective if the patient has been abusing inhaled vasoconstrictors such as cocaine
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APPROVAL



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