

Emergent Intranasal Medication Orders [4268]

For patients with no IV access in need of emergent treatment.

Contraindications

- Nasal trauma, nasal septal abnormalities and copious secretions
- Recent use of intranasal vasoconstrictors - cocaine, oxymetazoline, phenylephrine

Nursing

Nursing Emergent Intranasal Medication Instructions

<input checked="" type="checkbox"/> Monitor vital signs every 15 min 2x, then every 30 min 2x	Routine, Every 15 min For 2 Occurrences then every 30 min 2x
<input checked="" type="checkbox"/> Maintain oxygen saturation >94%	Routine, Once For 1 Occurrences
<input checked="" type="checkbox"/> Assure patient has no contraindications to medications or intranasal administration, ie nasal trauma, septal deviation, excessive blood or mucus in the nose.	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> Clear nasal passage by having patient blow the nose, wiping excess mucous or clear via suction.	Routine, Until discontinued, Starting S
<input checked="" type="checkbox"/> To administer attach disposable atomizer device to the end of the syringe containing medication tilt patient head back slightly and occlude nostril by placing a finger against the side of the nose. Insert atomizer and squeeze. Direct the spray away from the nasal septum. Instruct patient to NOT forcefully inhale causing the dose to be pulled into the throat.	Routine, Until discontinued, Starting S

Medications

Sedation

<input type="checkbox"/> Midazolam for sedation (and optional lidocaine)	
<input type="checkbox"/> MIDAZolam (VERSED) 5 mg/mL intraNASAL	nasal, once, For 1 Doses Split dose in half for each nostril (max volume per nostril: 0.5 mL for infants, 1 mL for peds and adults). The use of a MAD atomizer is preferred but may be limited by patient/dose. If an atomizer is used, draw up additional overfill of 0.1 mL to account for the dead space in atomizer. Expel extra volume from syringe to fill dead space to match ordered dose. Indication(s):
<input type="checkbox"/> Lidocaine - for use with midazolam if needed	May be used to help reduce burning when given prior to intranasal midazolam or for nasal procedures.
<input type="checkbox"/> Lidocaine - left nare	0.25 mL, Left Nare, once, For 1 Doses Split dose in half for each nostril (max volume per nostril: 0.5 mL for infants, 1 mL for peds and adults). The use of a MAD atomizer is preferred but may be limited by patient/dose. If an atomizer is used, draw up additional overfill of 0.1 mL to account for the dead space in atomizer. Expel extra volume from syringe to fill dead space to match ordered dose.
<input type="checkbox"/> Lidocaine - right nare	0.25 mL, Right Nare, once, For 1 Doses Split dose in half for each nostril (max volume per nostril: 0.5 mL for infants, 1 mL for peds and adults). The use of a MAD atomizer is preferred but may be limited by patient/dose. If an atomizer is used, draw up additional overfill of 0.1 mL to account for the dead space in atomizer. Expel extra volume from syringe to fill dead space to match ordered dose.

<input type="checkbox"/> LORAZepam (ATIVAN) 2 mg/mL intraNASAL	nasal, once, For 1 Doses Split dose in half for each nostril (max volume per nostril: 0.5 mL for infants, 1 mL for peds and adults). The use of a MAD atomizer is preferred but may be limited by patient/dose. If an atomizer is used, draw up additional overflow of 0.1 mL to account for the dead space in atomizer. Expel extra volume from syringe to fill dead space to match ordered dose. Indication(s): Agitation
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Sedation

<input type="checkbox"/> Midazolam for sedation (and optional lidocaine)	
<input type="checkbox"/> MIDAZolam (VERSED) 5 mg/mL intraNASAL (neo/ped)	nasal, once, For 1 Doses ONLY FOR INFANTS 3 MONTHS AND OLDER. Split dose in half for each nostril (max volume per nostril: 0.5 mL for infants, 1 mL for peds and adults). The use of a MAD atomizer is preferred but may be limited by patient/dose. If an atomizer is used, draw up additional overflow of 0.1 mL to account for the dead space in atomizer. Expel extra volume from syringe to fill dead space to match ordered dose.
<input type="checkbox"/> Lidocaine - for use with Midazolam if needed May be used to help reduce burning when given prior to intranasal midazolam or for nasal procedures.	
<input type="checkbox"/> Lidocaine 4% intranasal - left nare	0.25 mL, Left Nare, once, For 1 Doses The use of a MAD atomizer is preferred but may be limited by patient/dose. If an atomizer is used, draw up additional overflow of 0.1 mL to account for the dead space in atomizer. Expel extra volume from syringe to fill dead space to match ordered dose.
<input type="checkbox"/> Lidocaine 4% intranasal - right nare	0.25 mL, Right Nare, once, For 1 Doses The use of a MAD atomizer is preferred but may be limited by patient/dose. If an atomizer is used, draw up additional overflow of 0.1 mL to account for the dead space in atomizer. Expel extra volume from syringe to fill dead space to match ordered dose.
<input type="checkbox"/> ketamine (KETALAR) 50 mg/mL intraNASAL (neo/ped)	3 mg/kg, nasal, once, Starting S FOR INFANTS >= 3 MONTHS OLD ONLY: 3-6 mg/kg. When given with propofol, use ketamine dosing of 0.5-0.75 mg/kg. Split dose in half for each nostril (max volume per nostril: 0.5 mL for infants, 1 mL for peds and adults). The use of a MAD atomizer is preferred but may be limited by patient/dose. If an atomizer is used, draw up additional overflow of 0.1 mL to account for the dead space in atomizer. Expel extra volume from syringe to fill dead space to match ordered dose.

Seizure

<input type="checkbox"/> Midazolam for seizure (and optional lidocaine)	
<input type="checkbox"/> MIDAZolam (VERSED) 5 mg/mL intraNASAL	nasal, once, For 1 Doses Split dose in half for each nostril (max volume per nostril: 0.5 mL for infants, 1 mL for peds and adults). The use of a MAD atomizer is preferred but may be limited by patient/dose. If an atomizer is used, draw up additional overflow of 0.1 mL to account for the dead space in atomizer. Expel extra volume from syringe to fill dead space to match ordered dose. Indication(s):
<input type="checkbox"/> Lidocaine - for use with midazolam if needed May be used to help reduce burning when given prior to intranasal midazolam or for nasal procedures.	
<input type="checkbox"/> Lidocaine - left nare	0.25 mL, Left Nare, once, For 1 Doses Split dose in half for each nostril (max volume per nostril: 0.5 mL for infants, 1 mL for peds and adults). The use of a MAD atomizer is preferred but may be limited by patient/dose. If an atomizer is used, draw up additional overflow of 0.1 mL to account for the dead space in atomizer. Expel extra volume from syringe to fill dead space to match ordered dose.

<input type="checkbox"/> Lidocaine - right nare	0.25 mL, Right Nare, once, For 1 Doses Split dose in half for each nostril (max volume per nostril: 0.5 mL for infants, 1 mL for peds and adults). The use of a MAD atomizer is preferred but may be limited by patient/dose. If an atomizer is used, draw up additional overfill of 0.1 mL to account for the dead space in atomizer. Expel extra volume from syringe to fill dead space to match ordered dose.
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Seizure (Single Response)

Midazolam/lidocaine only for patients 3 months and older.

() Midazolam for seizure (and optional lidocaine)

<input type="checkbox"/> MIDAZolam (VERSED) 5 mg/mL intraNASAL (neo/ped)	nasal, once, For 1 Doses ONLY FOR INFANTS 3 MONTHS AND OLDER. Split dose in half for each nostril (max volume per nostril: 0.5 mL for infants, 1 mL for peds and adults). The use of a MAD atomizer is preferred but may be limited by patient/dose. If an atomizer is used, draw up additional overfill of 0.1 mL to account for the dead space in atomizer. Expel extra volume from syringe to fill dead space to match ordered dose.
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<input type="checkbox"/> Lidocaine - ANESTHETIC (prior to procedure)
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May be used to help reduce burning when given prior to intranasal midazolam or for nasal procedures.

<input type="checkbox"/> Lidocaine 4% - left nare	0.25 mL, Left Nare, once, For 1 Doses Only for use WITH MIDAZOLAM. Split dose in half for each nostril (max volume per nostril: 0.5 mL for infants, 1 mL for peds and adults). The use of a MAD atomizer is preferred but may be limited by patient/dose. If an atomizer is used, draw up additional overfill of 0.1 mL to account for the dead space in atomizer. Expel extra volume from syringe to fill dead space to match ordered dose.
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<input type="checkbox"/> Lidocaine 4% - right nare	0.25 mL, Right Nare, once, For 1 Doses Only for use WITH MIDAZOLAM. Split dose in half for each nostril (max volume per nostril: 0.5 mL for infants, 1 mL for peds and adults). The use of a MAD atomizer is preferred but may be limited by patient/dose. If an atomizer is used, draw up additional overfill of 0.1 mL to account for the dead space in atomizer. Expel extra volume from syringe to fill dead space to match ordered dose.
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Pain

<input type="checkbox"/> fentaNYL (SUBLIMAZE) 50 mcg/mL intraNASAL (neo/ped)	1 mcg/kg, nasal, once Split dose in half for each nostril (max volume per nostril: 0.5 mL for infants, 1 mL for peds and adults). The use of a MAD atomizer is preferred but may be limited by patient/dose. If an atomizer is used, draw up additional overfill of 0.1 mL to account for the dead space in atomizer. Expel extra volume from syringe to fill dead space to match ordered dose.
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<input type="checkbox"/> ketamine (KETALAR) 50 mg/mL intraNASAL (neo/ped)	1 mg/kg, nasal, once Split dose in half for each nostril (max volume per nostril: 0.5 mL for infants, 1 mL for peds and adults). The use of a MAD atomizer is preferred but may be limited by patient/dose. If an atomizer is used, draw up additional overfill of 0.1 mL to account for the dead space in atomizer. Expel extra volume from syringe to fill dead space to match ordered dose.
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Opioid Reversal

Only for patients aged 13 years and older.

Switch to IV administration as soon as IV access is established (onset is slightly delayed compared to IV route).

[] naloxone (Narcan) 1 mg/mL intraNASAL

2 mg, nasal, once, For 1 Doses
ONLY FOR PATIENTS AGE 13 YEARS OR OLDER. Split dose in half for each nostril. The use of a MAD atomizer is preferred but may be limited by patient/dose. If an atomizer is used, draw up additional overfill of 0.1 mL to account for the dead space in atomizer. Expel extra volume from syringe to fill dead space to match ordered dose.