

# Fentanyl (Sublimaze)

[Acute Coronary Syndrome](#)  
[Thermal Burns](#)  
[Adult Pain Management](#)  
[Pediatric Pain Management](#)  
[Hydroflouric Acid Exposure/Burns](#)

<b>I</b>	Adult	0.5–1 mcg/kg IV/IO/IM/IN q 5 minutes to max total dose of 3mcg/kg total dose of 3mcg/kg
	Pediatric	<a href="#"><u>Weight Based Pediatric Dosing Chart Link</u></a>

[Analgesia or Sedation for Transcutaneous Pacing](#)  
[Pediatric Symptomatic Bradycardia](#)

<b>P</b>	Adult	0.5–1 mcg/kg IV/IO/IM/IN q 5 minutes to max total dose of 3mcg/kg
	Pediatric	<a href="#"><u>Weight Based Pediatric Dosing Chart Link</u></a>

[Intubation/Post-Intubation Pain Control](#)

<b>P</b>	Adult	<b>Bolus:</b> 1- 3mcg/kg IV/IO every 5- 10 minutes as needed for analgesia (No max total dose) <b>Infusion:</b> Give bolus first then mix 500mcg in 100 cc underfill or a 250cc underfill based on availability or transport distance, start infusion 1-10mcg/kg/hr, titrated to patient comfort and tolerance of airway, Contact MCEP of patient requires higher dosage (11- 25mcg/kg/hr)
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**\*\*\*KEY POINT\*\*\***

Carefully observe level of consciousness, perfusion status and respiratory status prior to re-dosing  
 Any patient <2 y/o, MCEP will need to be contacted for pain secondary to TCP  
 Monitor waveform capnography when giving narcotics  
 EMT-Intermediates may administer Fentanyl under the supervision and approval of the Paramedic  
 If no EMT-paramedic available, contact MCEP prior to administering narcotic medications- AFR and BCFD.  
**AAS EMT- I special skill does not require MCEP contact for administration**

**Class:**

- Opioid Analgesic

**Description of Use:**

- Binds to opioid receptors in the CNS, reducing stimuli from sensory nerve endings, and inhibiting ascending pain pathways to alter pain reception and increase pain threshold

**Pharmacokinetics:** (Route: IV)

- Onset: 1-2 min
- Half-life: 2-4 hrs

**Special Populations:**

- Pregnancy Class: C (D if used for prolonged periods or at high dosages at term)
- Children: Neonates more susceptible to respiratory depressant effects
- Elderly: May be more susceptible to respiratory depressant effects. Age-related renal impairment may require dosage adjustment. Use lower incremental dosing

**Contraindications:**

- Hypersensitivity, Increased ICP, severe respiratory depression
- Cautions: Caution w/ COPD, decreased respiratory reserve, potentially compromised respiration, liver/kidney dysfunction, and cardiac bradyarrhythmias

**Adverse reactions:**

- Overdose or too-rapid IV administration may produce severe respiratory depression, skeletal/thoracic muscle rigidity leading to apnea.
- Tolerance to analgesic effect may occur with repeated use
- Antidote: Naloxone