Hillsborough County Fire Rescue STANDING ORDERS AND PROTOCOL

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Subject: FENTANYL (SUBLIMAZE®)

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Approved By:

Michael Lozano, Jr., M.D., HCFR Medical Director

Fentanyl

- 1. CLASSIFICATION
 - a. Synthetic narcotic analgesic

mule from

- 2. ACTIONS / DESCRIPTIONS
 - a. Narcotic agonist analgesic with actions similar to morphine, but increased potency and shorter duration of action
 - b. Less cardiovascular depression and emetic effects than morphine
 - c. No histamine release
- 3. INDICATIONS
 - a. Severe pain
 - b. Analgesia for cardioversion or pacing
- 4. CONTRAINDICATIONS
 - a. Head trauma
 - b. Undiagnosed abdominal pain unless Medic-1 approval
- 5. ADVERSE REACTIONS
 - a. Respiratory depression
 - b. Pin point pupils
 - c. Chest wall rigidity when pushed too quickly
 - d. Sedation
- 6. DRUG ACTION TIME
 - a. 20 30 minutes
- 7. INFORMATIONAL/DISCUSSION POINTS
 - a. Reversed with naloxone
 - i. Adult
 - 1. 0.5 mg IV, IM, SC or IN
 - Repeat q2 minutes as needed (titrated to desired effect)
 - ii. Pediatric
 - 1. Naloxone: 0.10 mg/kg IV, IM, ET or IN
 - 2. May be repeated twice, if inadequate response and narcotic OD is strongly suspected