

St John WA

Structured Administration and Supply Agreement – METHOXYFLURANE Inhalation

SASA Details	
Title:	Inhaled Methoxyflurane for St John WA Paramedics and Volunteers
Identifier:	METHOXYFLURANE Inhalation 1.0


Issuing Authority	
Hospital Name:	St John WA
Address:	209 Great Eastern Highway BELMONT, 6104
Contact:	(08) 9334 1222

Authorised Persons	
Practitioners:	St John WA Paramedic
Location:	All pre-hospital regions of Western Australia (WA)
Qualification:	APHRA Registered Paramedic St John WA recognised First Aid Qualification

Authorised Medicine			
Medicine Name:	Methoxyflurane	Brand:	Penthrox
Form:	Inhaled	Strength:	X
Dose:	3mL	Quantity:	3mL
Route:	Inhaled via Penthrox® device		
Instructions:	Inhale 3mL of the solution, vaporized in a Penthrox® Inhaler device, inhaled intermittently to maintain adequate analgesia		

Approved Circumstances	
Authorised to:	St John WA staff
Place:	WA Pre-hospital environment
Patients:	St John WA Ambulance patients
Medical Condition:	Pain

Clinical / Other Information	
Patient Inclusion	St John WA patients over 1 years of age
Patient Exclusion:	Allergy to fluorinated anaesthetics Below 1 years of age Patient unable to use inhaler device Severe head injury
Special Instructions:	NA
Administration Notes:	Inhale via the supplied Pentrox® device
Clinical Guidelines	See; St John WA Medication Guideline: Methoxyflurane St John WA Clinical Practice Guideline: Relief of pain, ACS, Obstetrics

Approval			
Date of Issue:	15/07/2024		
Date of Expiry:	15/07/2026		
Clinical Governance Committee			
Committee:	St John WA Medical Advisory Committee (MAC)		
Chair Name:	Dr Gayle Christie		
Date:	15/07/2024		
Medical Director			
Name:	Dr Gayle Christie		
Date:	30/7/24	Signature:	
Chief Executive Officer			
Name:	Mr Kevin Brown		
Date:	12/8/24	Signature:	