

Mucosal Atomizer Device: MAD

- Inspect nose for blood or mucous discharge
- Can be used for any of the medications indicated when an IV not available.
- Do not use more than ½ to 1 ml per nostril. If may required do two separate doses allowing a few minutes between.
- Allow for 0.1 ml of dead space for MAD device when calculating dose volume.
- Rapidly administer medication (over 15-30 sec) when patient fully exhales and before inhalation.

CONTRAINDICATIONS:

- Epistaxis
- Nasal Trauma
- Nasal Septum abnormality
- Nasal Congestion or discharge
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RELATIVE CONTRAINDICATIONS:

- Severe hypotension
- Recent use of vasoconstricting medications

Clinical Scenarios	Intranasal Medication and Dose	Reminders:
Pain Control	Fentanyl 1.5- 3.0 mcg/kg	<ul style="list-style-type: none"> ▪ Lasts about 45 min. ▪ Repeat dose as needed for titration effect every 15 min.
Sedation	Midazolam (Versed) 0.2 – 0.3 mg/kg. Pediatric: dose max. 10 mg	<ul style="list-style-type: none"> ▪ Use concentrated form of 5 mg/ml * ▪ Peak 10-15 min, lasts 30 min ▪ Can titrate dosing q 15 min.
Seizures	Midazolam (Versed) 0.2-0.3 mg/kg Pediatric: max. dose 10 mg	<ul style="list-style-type: none"> ▪ Use concentrated form 5 mg/ml * ▪ Deliver immediately to allow for absorption while supporting airway.
Opiate Overdose	Naloxone 2 mg (2ml) – Adult Dose Pediatric: Naloxone 0.1 mg/kg	<ul style="list-style-type: none"> ▪ Use concentrated form of 1 mg/ml *

*Use concentrated form of drug as indicated if available.

Ideal volume is 0.2-0.3 ml per nostril.
Do Not exceed 1 ml per nostril.
If more medication required, you will need to wait for administering more.

- Hold crown of head stable with free hand and gently insert atomizer into nostril. Stop once resistance is met aiming slightly up toward septum.