

INTRANASAL ADMINISTRATION

1. Level: EMT, AEMT, Paramedic, RN
2. Purpose: Intranasal routes of administration have been long studied and results show that in the absence of an established IV, IN is the next quickest route offering the highest level of bio-availability of drug being administered. Also, in medications that react with the CNS, the close proximity of the olfactory nasal mucosa to the CNS means that highest concentrations available to the CNS are established very quickly. IN administration eliminates the possibility of contaminated needle sticks, less risk to the patient and much faster “container to circulation times.”
3. Indication: Patient requiring rapid medication administration of Fentanyl, Glucagon, Ketamine, Midazolam, or Naloxone in accordance with protocol and other route(s) of administration are not immediately available.
4. Procedure:
 - 4.1. Using a 1cc syringe, draw up **only** the required amount of desired medication.
 - 4.2. Expel all air from the syringe.
 - 4.3. Affix the Mucosal Atomization Device (M.A.D. 300) to the syringe.
 - 4.4. Visually inspect both nares, choosing the largest or the nare with least obstruction.
 - 4.5. Insert the M.A.D. 1.5cm into the chosen nare angled toward the septum.
 - 4.5.1. Optimally, each administration should be no more than 0.5 ml
 - 4.5.2. Maximum volume per administration is 1 ml per nare
 - 4.6. Timing the respirations, depress plunger rapidly upon patient fully exhaling and before inhalation.
 - 4.7. Observe for anticipated response. Further doses may be necessary, follow the CORE protocol according to the situation. Unlike needles, the M.A.D. 300 is reusable on the same patient; however it is a disposable item, thus requiring its disposal after each patient.