

CLINICAL PRACTICE GUIDELINE:

Synopsis Intranasal Medication Administration

Clinical Question:

How effective is the intranasal medication administration route for emergency care patients?

Problem:

Timely medication administration for patients presenting to the Emergency Department (ED) is essential and requires ED practitioners to access the quickest, safest, and most effective delivery route. Medication administration routes are affected by numerous variables, including the patient's overall health status, the patient's age, parent/patient/staff preference(s), and the providers' level of knowledge about pharmacological properties (Mudd, 2011). Valuable time can be lost in medication administration if multiple attempts are required to obtain IV access (Del Pizzo & Callahan, 2014; Robinson & Wermeling, 2014). The intranasal route (IN) may be used to safely and effectively deliver specific medications rapidly in the emergency setting.

Description of Decision Options/Interventions and the Level of Recommendation		
Fentanyl	IN fentanyl can be safely and effectively used in the emergency setting to treat moderate to severe pain in adults and children age 1–18.	A
Ketamine	IN ketamine may be a safe and effective intervention for managing pain in the emergency setting.	B
Midazolam	IN midazolam when atomized has been shown to be safe and effective for the management of acute seizure activity in children.	B
Naloxone	IN naloxone can be administered as a safe and effective agent for reversing the acute effects of opioids.	B
Diazepam	IN diazepam may be a safe and effective method for treating acute seizures in adult patients.	C
Glucagon	IN glucagon is non-inferior to IM glucagon in clinical safety and efficacy for treating acute hypoglycemia.	C
Ketorolac	IN ketorolac may be safely and effectively used for treatment of short-term acute pain in adult and adolescent patients.	C
Lorazepam	IN lorazepam may be safe and efficacious for the control of seizures in children.	C
Morphine	IN morphine provides pain reduction and is safe and well tolerated in adult patients.	C
Hydromorphone	There is insufficient evidence to recommend IN hydromorphone in the emergency setting.	I/E
Sufentanil	There is insufficient evidence to recommend IN sufentanil in the emergency setting.	I/E
Delivery Methods	There is insufficient evidence to recommend a commercially available device or method for intranasal medication administration. Expert opinion indicates using a mucosal atomization device may be more effective than the dripping method.	I/E

A	Level A (High):	Based on consistent and good quality of evidence; has relevance and applicability to emergency nursing practice.
B	Level B (Moderate):	There are some minor inconsistencies in quality of evidence; has relevance and applicability to emergency nursing practice.
C	Level C (Weak):	There is limited or low quality patient-oriented evidence; has relevance and applicability to emergency nursing practice.
NR	Not Recommended	Based upon current evidence.
I/E	Insufficient Evidence	Insufficient evidence upon which to make a recommendation
N/E	No Evidence	No evidence upon which to make a recommendation.

Access the full clinical guideline at: <http://bit.ly/2tEz8gR>