



## EMS System for Metropolitan Oklahoma City and Tulsa 2022 Medical Control Board Treatment Protocols



 EMS SECTION

Approved 9/8/21, Effective 1/17/22, replaces all prior versions

### 16Q – FENTANYL (SUBLIMAZE®)

#### PARAMEDIC

**Class:** Narcotic analgesic

**Actions/Pharmacodynamics:** Stimulates central nervous system opiate receptors, producing systemic analgesia. On a milligram weight basis, fentanyl is 50-100 times more potent than morphine. Its duration of action is shorter than morphine or hydromorphone. An IV dose of 100 mcg of fentanyl is roughly equivalent to an IV dose of 10 mg of morphine. Fentanyl has less emetic effects than other narcotic analgesics.

**Indications:**

- Chest Pain – Uncertain Etiology (5A)
- Acute Coronary Syndrome (5C)
- Snakebites (8E)
- Abdominal Pain/Nausea/Vomiting/Diarrhea (9A)
- Pain Management (Acute Onset & Chronic Type) (9D)
- Eye Injury (10B)
- Dental Injury/Pain (10C)
- Chest/Abdomen/Pelvis Injury (10D)
- Extremity injury/Amputation Injury (10G)
- Compartment Syndrome (10J)
- Crush Injury Syndrome (10K)
- Burns (10L)
- Lightning/Electrical Injury (11C)
- Pelvic Pain (13E)

For all listed situations, indication is acute pain control in alert, hemodynamically stable patient.

**Contraindications:**

- Hypotension
- Respiratory Depression
- Minor Degrees of Pain
- Pain Assessed as Factitious

**Side Effects:** Hypotension, respiratory depression, euphoria, dizziness. Nausea and/or vomiting are rarely seen if administration is slow IVP.

**Pharmacokinetics:** Onset of action nearly immediate after IV administration. Peak effects occur within 3 – 5 minutes. Duration of effect is 30 - 60 minutes, with a half-life of 6 – 8 hours.



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### **PROTOCOL 16Q: Fentanyl (Sublimaze®), cont.**

**Dosage:**      **Chest Pain – Uncertain Etiology – Adult (5A)**  
                  **Acute Coronary Syndrome – Adult (5C)**  
0.5 mcg/kg slow IVP/IM/IN, maximum single dose of 50 mcg  
May repeat every 10 minutes to a maximum cumulative dose of 1.5 mcg/kg or  
125 mcg, whichever is lesser

**Snakebites – Adult (8E)**  
**Abdominal Pain/Nausea/Vomiting/Diarrhea – Adult (9A)**  
**Pain Management (Acute Onset & Chronic Type) – Adult (9D)**  
**Eye Injury – Adult (10B)**  
**Dental Injury/Pain – Adult (10C)**  
**Chest/Abdomen/Pelvis Injury – Adult (10D)**  
**Extremity/Amputation Injury – Adult (10G)**  
**Compartment Syndrome – Adult (10J)**  
**Crush Injury Syndrome – Adult (10K)**  
**Burns – Adult (10L)**  
**Lightning/Electrical Injury – Adult (11C)**  
**Pelvic Pain – Adult (13E)**

**For all listed situations, indication is acute pain control in alert,  
hemodynamically stable patient.**

1 mcg/kg slow IVP/IM/IN, maximum single dose of 100 mcg  
May repeat every 10 minutes to a maximum cumulative dose of 3 mcg/kg or  
250 mcg, whichever is lesser

**Extremity/Amputation Injury – Pediatric (10G)**

**Burns – Pediatric (10L)**

1mcg/kg up to 50 mcg per dose. Repeat dose(s) requires OLMC order.

**Chest Pain – Uncertain Etiology – Pediatric (5A)**

**Snakebites – Pediatric (8E)**

**Abdominal Pain/Nausea/Vomiting/Diarrhea – Pediatric (9A)**

**Pain Management (Acute Onset & Chronic Type) – Pediatric (9D)**

**Eye Injury – Pediatric (10B)**

**Dental Injury/Pain – Pediatric (10C)**

**Chest/Abdomen/Pelvis Injury – Pediatric (10D)**

**Compartment Syndrome – Pediatric (10J)**

**Crush Injury Syndrome – Pediatric (10K)**

**Lightning/Electrical Injury – Pediatric (11C)**

**Pelvic Pain – Pediatric (13E)**

**For all listed situations, indication is acute pain control in alert,  
hemodynamically stable patient**

**\*\*OLMC Order Only – Typical dose is 1 mcg/kg up to 50 mcg per dose.**

**How Supplied:**      100 mcg/2 mL (50 mcg/mL) ampule, vial, or pre-filled syringe  
                              250 mcg/5 mL (50 mcg/mL) ampule or vial  
                              500 mcg/10 mL (50 mcg/mL) vial  
                              (Always check concentration and dose per container at time of patient  
                              medication administration)