**FENTANYL (SUBLIMAZE®)**

**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  
Acute Coronary Syndrome  
Snakebites  
Abdominal Pain/Nausea/Vomiting/Diarrhea  
Pain Management (Acute Onset &Chronic Type)  
Eye Injury  
Dental Injury/Pain  
Chest/Abdomen/Pelvis Injury  
Extremity/Amputation Injury  
Compartment Syndrome  
Crush Injury Syndrome  
Burns  
Lightning/Electrical Injury  
Pelvic Pain  
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.
Dosage:
Chest Pain – Uncertain Etiology – Adult
Acute Coronary Syndrome – Adult
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 for:
Snakebites – Adult
Abdominal Pain/Nausea/Vomiting/Diarrhea – Adult
Pain Management (Acute Onset & Chronic Type) – Adult
Eye Injury – Adult
Dental Injury/Pain – Adult
Chest/Abdomen/Pelvis Injury – Adult
Extremity/Amputation Injury – Adult
Compartment Syndrome – Adult
Crush Injury Syndrome – Adult
Burns – Adult
Lightning/Electrical Injury – Adult
Pelvic Pain – Adult
For all above listed situations, indication is acute pain control in alert, hemodynamically stable patient.

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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 for:
Chest Pain – Uncertain Etiology – Pediatric
Snakebites – Pediatric
Abdominal Pain/Nausea/Vomiting/Diarrhea – Pediatric
Pain Management (Acute Onset & Chronic Type) – Pediatric
Eye Injury – Pediatric
Dental Injury/Pain – Pediatric
Chest/Abdomen/Pelvis Injury – Pediatric
Extremity/Amputation Injury – Pediatric
Compartment Syndrome – Pediatric
Crush Injury Syndrome – Pediatric
Burns – Pediatric
Lightning/Electrical Injury – Pediatric
Pelvic Pain – Pediatric
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)