



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
fentaNYL



(IV Infusion, IV Bolus, IM Injection, Subcutaneous)

Effective Date: Dec 2011	CLASSIFICATION Narcotic Analgesic	OTHER NAMES Sublimaze	PAGE 1 of 2
Revised Date: Nov 2024			

ADMINISTRATION POLICY: *Note: Refer to PCA Monograph for Palliative Care*

- IV Infusion – May be administered by a nurse
- IV Bolus – May be administered by a nurse
- IM Injection – May be administered by a nurse
- Subcutaneous – May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 50 mcg/mL – 1 mL vial & 2 mL ampoule and 5 mL single dose vial
0.05 mg/mL = 50 mcg/mL

IV Bolus: Administer undiluted over 1 to 2 minutes

IM Injection/ Subcut: Administer undiluted

IV Infusion: Pump Library:

Drug Library	Dose Rate	Short Name	Care Unit
Yes	mcg/h	fen1000	General & Critical Care
Drug	Diluent	Final Volume (VTBI)	Final Concentration
1000 mcg (20ml of 50mcg/mL)	100 mL NS	120 mL	8.3 mcg/mL
Clinical Advisory: High Alert			
Soft Low Dose Limit: 5 mcg/h		Soft High Dose Limit: 150 mcg/h	

DOSAGE:

Usual: Dosage ranges are a guideline only. Doses can vary and are titrated according to analgesic requirements and patient response.

Moderate Sedation: Initial dose 25 to 100 mcg, then titrate 25 to 50 mcg doses every 2 to 5 minutes to a usual total maximum of 2 mcg/kg (usual maximum total doses do not exceed 200 mcg)

IV Bolus/Subcutaneous/IM: 50 to 100 mcg every 1 to 2 hours as needed

IV Infusion: 5 to 150 mcg/hour

Maximum rate: 100 mcg/minute

Maximum concentration: 50 mcg/mL



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STABILITY/COMPATIBILITY:

Stability of Final Admixture: 24 hours at room temperature

Compatibility: Compatible with D5W, normal saline, combination dextrose-saline solutions, Ringers Lactate

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Respiratory depression/apnea: risk increased in combination with midazolam
- Bradycardia, hypotension, nausea, vomiting, muscle rigidity, urinary retention

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- naloxone HCl must be readily available for reversal of untoward side effects
- Monitor respiratory rate, blood pressure and sedation
- Stop infusion if respiratory rate less than 10 respirations per minute or if decreased respiratory rate is associated with decreased mental status in a previously cognitively aware patient
- Neurological assessment for somnolence, difficulty arousing or slow garbled speech
- Injectable fentaNYL may be used by the sublingual route
- Elderly, debilitated patients: Reduce dose, especially in combination with other CNS depressants