



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
SUFentanil



Effective Date: Mar12-2014	CLASSIFICATION Narcotic Analgesic	OTHER NAMES	PAGE 1 of 2
Revised Date: Nov 2024			

ADMINISTRATION POLICY:

- IV bolus:** - May be administered by a nurse
- IV Infusion:** - May be administered by a nurse
- IM injection:** - *Not recommended*
- Subcutaneous:** - May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

- Available as:** 50 mcg/mL – 1 and 5 mL ampoules
- IV bolus:** Administer undiluted over 2 or 10 minutes
- Subcut:** Administer undiluted

IV Infusion: Pump Library: *Use a Non-PVC/non-DEHP bag and set for administration*

Drug Library	Dose Rate	Short Name	Care Unit
Yes	mcg/kg/h	suf500	Critical Care & General
Drug	Diluent	Final Volume (VTBI)	Final Concentration
500 mcg (10mL of 50 mcg/ mL)	100 mL NS	110 mL	4.545 mcg/mL
Clinical Advisory: High Alert			
Soft Low Dose Limit: 0.3 mcg/kg/h		Soft High Dose Limit: 1 mcg/kg/h	

DOSAGE:

The dosage ranges are a guideline only. Doses can vary and are all titrated according to analgesic requirements and patient response. Although a 1:10 dosing ratio for SUFentanil to fentaNYL is often quoted, there is wide variability in response. (1 mcg of SUFentanil has been found to be equivalent to 5 to 24 mcg of fentaNYL)

- IV bolus/Subcut:** 5 to 10 mcg every 1 to 2 hours as needed.
- Surgical analgesia:**
- IV infusion:** 0.3 to 1 mcg/kg/hour **HIGER DOSES MAY BE NECESSARY IN SOME PALLIATIVE CARE OR CRITICAL CARE PATIENTS**
- Maximum rate:**
 - IV bolus/Subcut: 50 mcg/minute
 - IV Infusion: 1.5 mcg/kg/hour
- Maximum concentration:**
 - IV bolus: 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		
PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:			
<ul style="list-style-type: none">• Respiratory Depression/Apnea: risk increased in combination with other opioids or benzodiazepines such as midazolam• Bradycardia, hypotension, nausea, vomiting, muscle rigidity, urinary retention			
ADDITIONAL NOTES AND NURSING CONSIDERATIONS:			
<ul style="list-style-type: none">• Patients should have continuous oxygen saturation monitoring• Continuous patient monitoring by a nurse is based on individual patient assessment• 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.• Injectable SUFentanil may be used by the sublingual or intranasal route.• Elder Alert: dose is reduced, especially in combination with other CNS depressants.			