



REGIONAL PEDIATRIC PARENTERAL DRUG MONOGRAPH

GENERIC NAME
fentaNYL



Effective Date: Dec 2011

Revised Date: Dec 2022

CLASSIFICATION
Opiate analgesic

OTHER NAMES
Sublimaze

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ADMINISTRATION POLICY:

- IV Bolus – May be administered by a nurse
- IV Intermittent – May be administered by a nurse
- IV Infusion – May be administered by a nurse
- IM/ Subcut – May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 50 mcg/mL – 2 mL ampoules and 5 mL single dose vials.

IV Bolus: Administer undiluted over 3 – 10 minutes

IV Intermittent: Dilute dose as prescribed in volume of NS or D5W appropriate for age/weight and administer over 15 – 30 minutes

IM/ Subcut: Administer undiluted

IV Infusion: Pump Library:

Drug Library	Rate	Short Name	Care Unit
Yes	mcg/kg/h	fen610p	Pediatrics
Drug	Diluent	Final Volume (VTBI)	Final Concentration
610 mcg (12.2mL of 50 mcg/ mL)	100 mL NS	112 mL	6.1 mcg/mL
Clinical Advisory: High Alert			
Soft Low Dose Limit: 0.5 mcg/kg/h		Soft High Dose Limit: 5 mcg/kg/h	

Maximum rate: doses up to 5 mcg/kg: over 3 to 5 minutes
doses greater than 5 mcg/kg: over 5 to 10 minutes

Maximum concentration: 50 mcg/mL

DOSAGE:

NOTE: All doses titrated according to analgesic requirements

IV/ Subcut/ IM: 0.5 to 5 mcg/kg/dose every 1 to 2 hours as needed

IV Infusion: 0.5 to 5 mcg/kg/hour



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STABILITY/COMPATIBILITY:

Compatibility: D5W, normal saline

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- CV: Bradycardia, flushing, hypotension (especially with rapid IV administration)
- GI: Nausea, vomiting, constipation
- Hemat: Hypotonic hemolysis (concentration dependent)
- Metab: Increased antidiuretic hormone release
- Neuro: Dizziness, blurred vision, drowsiness, euphoria, CNS depression
- Renal: Urinary tract spasm
- Respiratory: Respiratory depression, apnea, severe muscle rigidity
- Other: Pruritus, diaphoresis; tolerance by 7 days of continuous infusion. Movement disturbances in neonates. Acute dystonia reported with concurrent use of propofol.
- Caution with concomitant use with other opiate analgesics or respiratory depressants
- Respiration depression, apnea, severe muscle rigidity (especially on rapid IV administration) resulting in respiratory distress which can be reversed with muscle paralysis
- Hypoventilation leading to respiratory arrest and cardiovascular collapse when administered to children and adolescents especially in high doses or if patient dehydrated
- Patients with renal or hepatic impairment: fentaNYL may accumulate
- Raised intracranial pressure: hypoventilation may increase pCO₂ and elevate ICP in patients with head injury
- Avoid fentaNYL if MAO inhibitor administered within 14 days
- Contraindications with hypersensitivity or intolerance to fentaNYL

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

NOTE: *naloxone reverses respiratory depression*

- Due to the risk of respiratory depression in children under 1 year of age, start dose at lower end of range and titrate relative to need
- Resuscitation equipment must be available in-patient care area
- **Required monitoring**
 - BP and O₂ saturation, and sedation monitoring