

Intranasal (IN) Med Administration

Effective: 03/01/2022

Supersedes:
N/A**Approved Provider:** EMT, AEMT, Paramedic**Reference Protocols:** None**Indications**

- Because the nasal mucosa is highly vascularized, delivery of a thin layer of medication across a broad surface area can result in rapid transmucosal absorption of the medication into the blood stream and cerebral spinal fluid. Ideally, this results in therapeutic drug levels and effective treatment of persistent seizure activity and pain control.

Precautions

- Severe hypotension may prevent adequate absorption

Contraindications

- Nasal trauma and epistaxis
- Nasal septal abnormalities
- Nasal congestion or discharge.
- Recent use of vasoconstricting medications

Fig. 1**Procedure (Fig. 1)**

- The patient should be in a supine or recumbent position. If the patient is sitting, then compress the nares after med administration.
- Draw up medication into a syringe using appropriate transfer device.
- Use one half (1/2) the total dose in each nare.
- Remove air from syringe
- Remove needle and place a MAD (mucosal atomizer device) onto syringe and secure.
- Administer medication by briskly compressing the plunger to expel and atomize the medication administering a maximum of 1cc of solution per nare. (fig.1)
- Evaluate medication effectiveness and continue with treatment protocol.

Complications

- Epistaxis
- Administration not 100% effective so failures with nasal may need follow-up with IV therapy

Documentation

- Indications for procedure
- Technique used
- Response to intervention and noting any complications