

Intranasal Drug Delivery Protocol

General Points:

- Combination therapy, with lower doses of each medication in adults (e.g. Midazolam and Fentanyl) works better than any of the medications alone
- Use only concentrated (e.g. Midazolam 5 mg/ml) formulations
- Monitor oxygen saturation in all patients as per existing departmental policy
- Ideal volume is 0.3 to 0.5 ml per nostril, maximum is 1 ml per nostril (high volumes will just leak from nose).
- Volume to be delivered is the calculated dose *plus* 0.10 ml dead space in the device (the amount of medication that will remain within the syringe and atomizer tip and will not be delivered to the patient).
- Damage to the nasal mucosa: If the nasal mucosa is injured or destroyed (e.g. by chronic cocaine use) then reduced mucosal surface area exists, and it is unlikely that nasal drug delivery will be effective.
- Respiratory Tract infections, Blood and Secretions: Patients with large amounts of mucus and blood will not absorb drugs effectively intranasally as the drug will have difficulty contacting the nasal mucosa.

