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.