

## Dosing & Administration of intranasal Diamorphine in Children

[Place Patient Sticker Here]	Date:  Time:
Pre-Administration	
PROCEDURES	COMPLETED
Contra-indications and cautions considered (see below)	
Verbal Parental/Child Consent	
Weight of Child	
Initial Pain Score	
Resp, pulse, O <sub>2</sub> sats, GCS & pupil size recorded on obs chart	
Volume of sterile water added to 10 mg vial and dose given	
Time of Administration	
Post-Administration	
Observations & pain score as above at 5 min 15 min 30 min 45 min then hourly as required. Recorded on Obs chart.	
Paracetamol/Ibuprofen as prescribed	
Ametop/EMLA applied if cannulation or further opiate likely to be required	
Comment	

### Indications

- Treatment of severe pain in children
- (Can be used in adults with difficult IV access)

### Cautions

- Body weight less than 10kg – to be prescribed by senior doctor only
- Head injury with normal GCS
- Facial Injury
- Concomitant use of other opiate or sedative agent

### Contra-indications

- Opiate allergy
- Reduced GCS
- Respiratory compromise
- Injuries requiring immediate IV access

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## Dosing & Administration of intranasal Diamorphine in Children WITH ATOMISER DEVICE

THIS IS UPDATED GUIDANCE WITH A DIFFERENT PROCEDURE SPECIFIC TO THE USE OF THE INTRASNASAL ATOMISER DEVICE



### Procedure

1. Explain procedure and document parental/child consent (overleaf)
2. Weigh child (preferred) or estimate weight using formula
3. Use the chart below to calculate dose in **mg**
  - Add appropriate volume of sterile water to 10 mg ampoule of diamorphine powder
  - **The volume administered is always 0.2ml**
4. **Draw up 0.3 ml of solution into a 1ml syringe**
  - **0.1ml is used to prime the atomiser and allows for the dead space of the device**
  - **The volume administered to the child will remain 0.2ml**
5. Administer full dose into one nostril, encourage child to sniff
6. Monitor O<sub>2</sub> sats and GCS as per PEWS chart (during which time – examination, x-rays, etc).
7. If admission is not required for treatment of the fracture, the child can be discharged providing airway patent, O<sub>2</sub> sat > 95% on air, haemodynamically stable, awake, GCS15, no nausea or vomiting and pain controlled
8. If intranasal diamorphine is not effective in controlling pain discuss with senior medical staff. Consider further intranasal dose or IV diamorphine/morphine as per ED guidelines (in small doses, titrated to effects)

Weight of Child (kg)	Volume of sterile water to be added to the 10mg vial of diamorphine powder	Resultant dose of diamorphine in 0.2ml
10kg	2.0ml	1.00mg
11kg	1.8ml	1.11mg
12kg	1.7ml	1.18mg
14kg	1.4ml	1.43mg
16kg	1.2ml	1.67mg
18kg	1.1ml	1.82mg
20kg	1.0ml	2.00mg
25kg	0.8ml	2.50mg
30kg	0.7ml	2.86mg
35kg	0.6ml	3.33mg
40kg	0.5ml	4.00mg
50kg	0.4ml	5.00mg
60kg	0.3ml	6.66mg

**IF YOU DO NOT HAVE ACCESS TO AN ATOMISER DEVICE FOLLOW THE OLD GUIDANCE ON THE EMERGENCY DEPARTMENT INTRANET**

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