



GIG
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Bwrdd Iechyd
Aneurin Bevan
Health Board

Intranasal Diamorphine use in Children

Policy and Procedure

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1. Executive Summary

To provide improved pain management in Children in the Emergency Departments of ABHB.

1.1 Scope of policy

All practitioners who intend to prescribe and administer Intranasal Diamorphine to children within the Aneurin Bevan Health Board. A practitioner being a Doctor or Registered Nurse who has been trained and assessed as competent in the procedure.

2 Aims

This policy is to ensure the safety of the patient and practitioner during Intranasal Diamorphine administration based on standardised practice across the Health Board.

3 Objectives

To provide immediate analgesia to children in pain within the Emergency Department when no IV access is immediately available.

4 Responsibilities

- The practitioner must work within this protocol that has been agreed by all parties and indemnified by Aneurin Bevan Health Board.
- The practitioner must recognise the limitations of their knowledge, competence and experience and seek the help of a competent practitioner should they encounter any difficulty performing the procedure.

5 Implementation

Inclusions

- Children with pain score 7-10
- When no IV access is immediately available

Exclusions

- Under 1 year of age (or < 10kg) or > 60kg
- Head Injury or reduced conscious level
- Immediate IV access required
- Blocked nose or upper respiratory tract infection or respiratory compromise
- Contraindication to opiates

Administration

- 0.2ml is administered to one nostril via the atomised spray.
- Patient can be in any position *lying down.*
- Absorption takes a few seconds and the patient should breathe normally.
- Observe the patient in the same way as any patient having been given morphine: airway and conscious level.
- Monitor patient for at least 30 minutes following administration (HR, RR, GCS & saturations)

Calculation:

- Weigh the child to the nearest 5kg, or use the following estimate and round down to the nearest 5kg:
 - **Weight = (Age + 4) x 2**
- Dilute 10mg of diamorphine powder with the specific volume of sterile water, depending on child's weight as documented below.
- Due to atomiser dead space of approximately 0.1ml, take up a small volume of air into the syringe to compensate for this.
- Instil **0.2ml** of the solution into one nostril via the atomiser spray, giving child approximately 100microgram/kg

| Child's Weight | Vol. Sterile Water |
|----------------|--------------------|
| 10kg | 2.0mls |
| 15kg | 1.3mls |
| 20kg | 1.0mls |
| 25kg | 0.8mls |
| 30kg | 0.7mls |
| 35kg | 0.6mls |
| 40kg | 0.5mls |
| 45kg | 0.45mls |
| 50kg | 0.4mls |
| 55kg | 0.35mls |
| 60kg | 0.3mls |

Additional Points:

- Apply Ametop if child requires IV cannulation for further pain management. Do not give IV opiate for at least 20mins after administration of IN diamorphine
- Add paracetamol/NSAIDS as appropriate
- Ensure antiemetic and naloxone are available if required

6 Training

Training will be provided to all practitioners on a regular basis.

7 Monitoring and Audit

The effective delivery of staff training and monitoring of the policy for compliance will contribute to the outcomes of the policy.

Competency and compliance with this Policy will be audited at least every two years using reported incident data, training and data base records. Audit findings will be made available to the Health Board.

8 References

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