



Clinical Practice Procedures: Drug administration/Intranasal

Policy code	CPP_DFA_INN_0215
Date	February, 2015
Purpose	To ensure a consistent procedural approach to intranasal (NAS) drug administration.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
Source of funding	Internal – 100%
Author	Clinical Quality & Patient Safety Unit, QAS
Review date	February, 2018
Information security	UNCLASSIFIED – Queensland Government Information Security Classification Framework.
URL	https://ambulance.qld.gov.au/clinical.html

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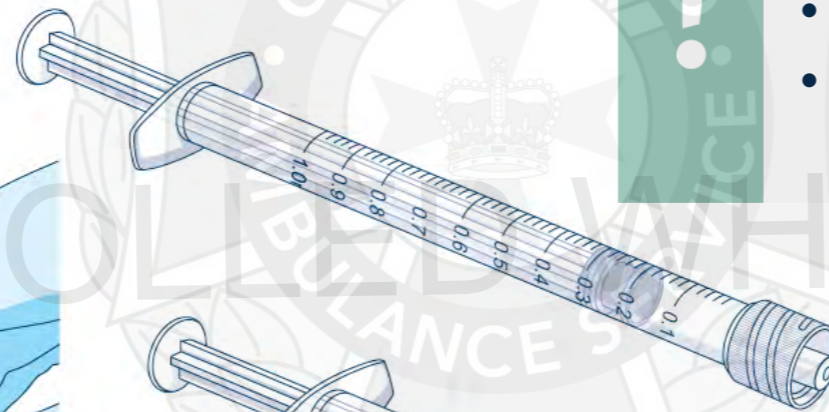
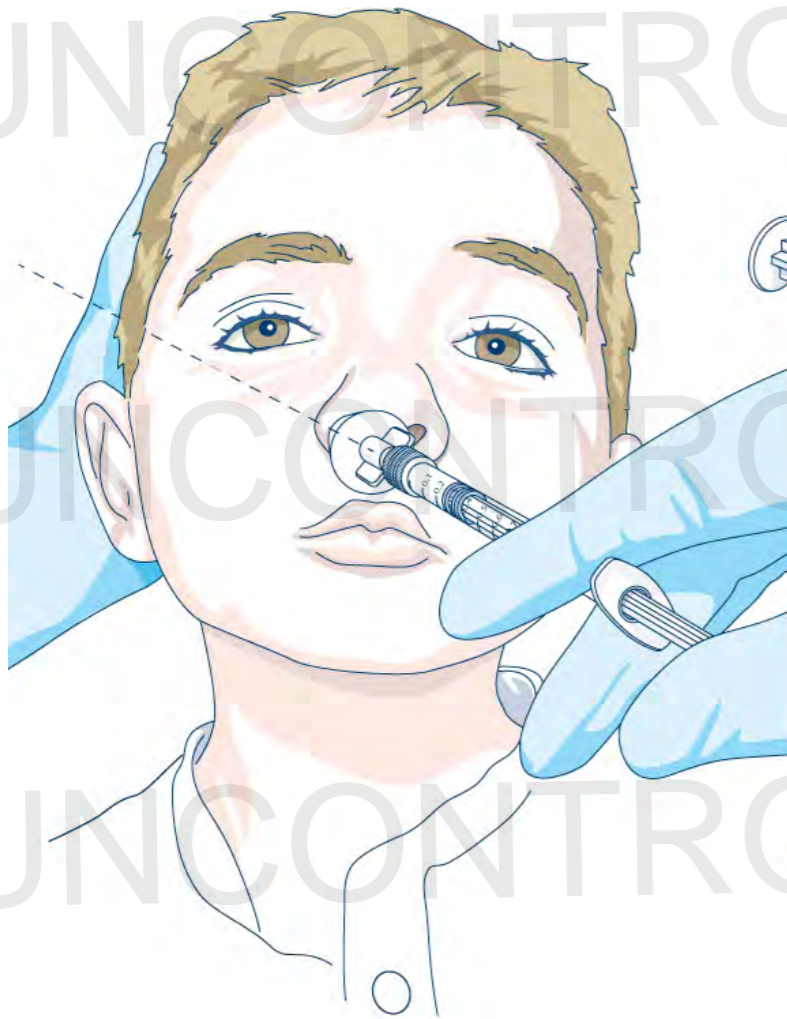
Intranasal

February, 2015

Intranasal (NAS) drug administration involves the administration of aerosoled medication via a Mucosal Atomisation Device (MAD Nasal™) directly on the highly vascularised nasal mucosa.^[1]

Atomised nasal medications offer rapid absorption across mucosal membranes to the blood stream.^[2,3]

MAD Nasal™ (Intranasal Mucosal Atomisation Device)^[1]



1 mL Intranasal syringe

Indications

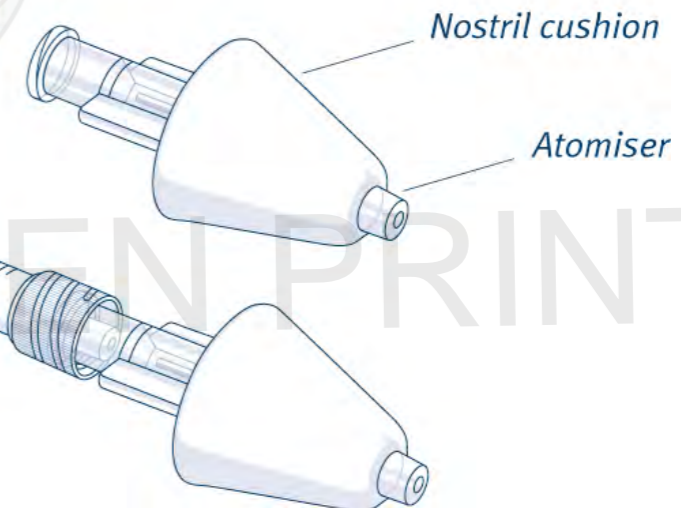
- The administration of medications via the NAS route

Contraindications

- Suspected nasal fractures
- Blood/mucous obstructing the nasal passage

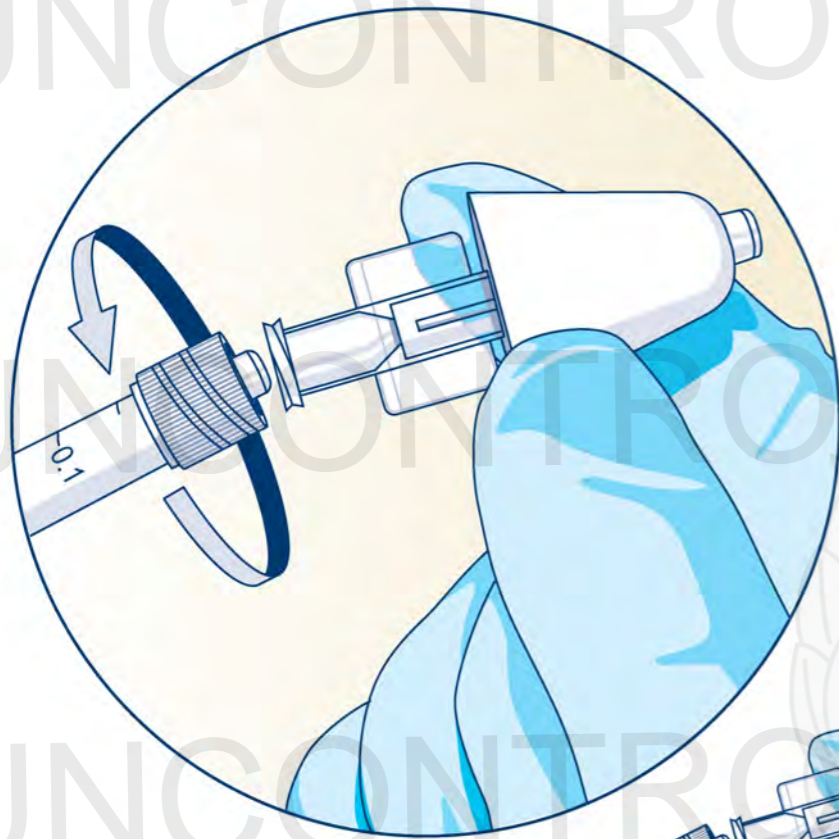
Complications

- Underdosing if not administered correctly
- Mild, short lasting nasal discomfort (typically burning) from the drug itself



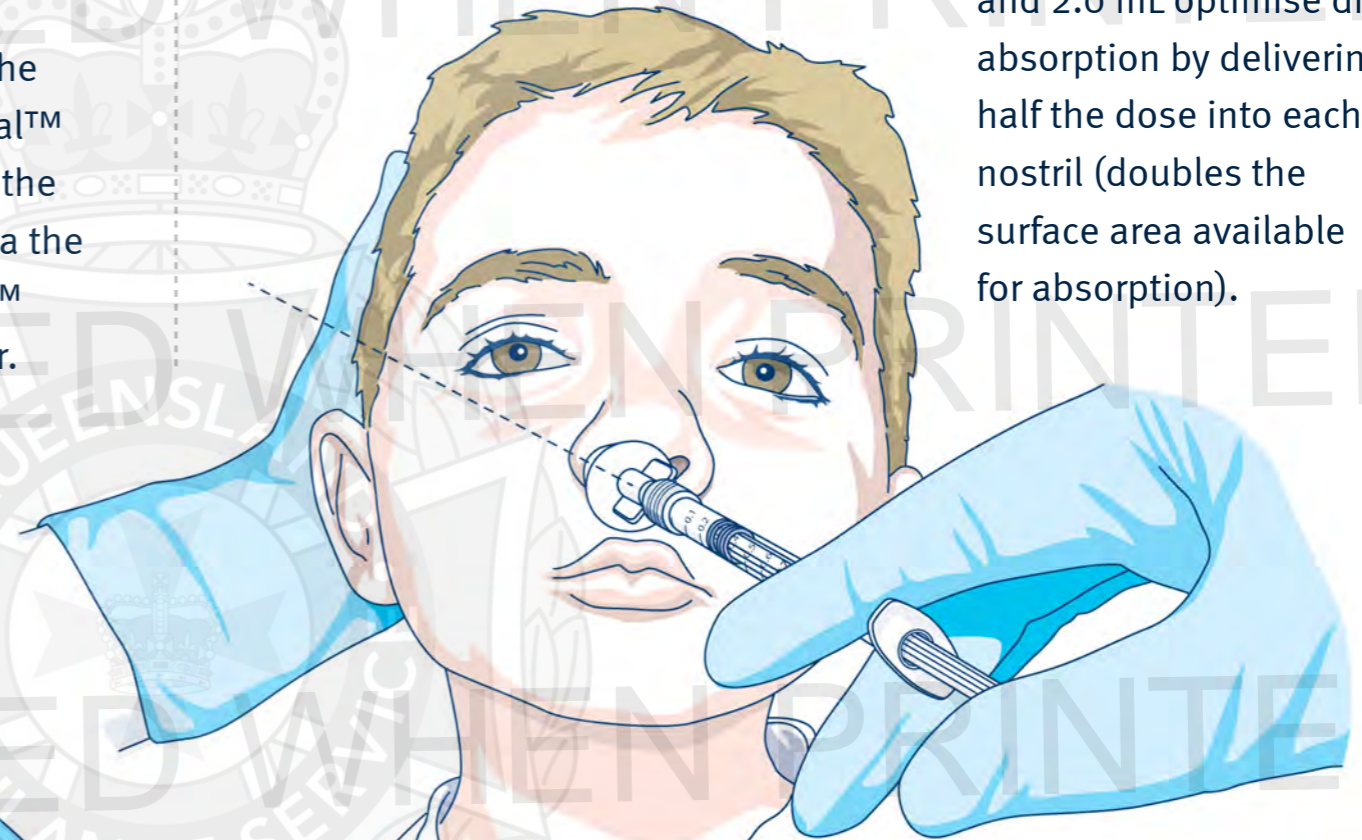
Procedure – Intranasal

1. Withdraw the required dose of medication into the supplied MAD Nasal™ Syringe (an extra 0.1 mL of medication should be drawn up to account for the dead space in all unprimed devices).



2. Connect the MAD Nasal™ device to the syringe via the Luer-Lok™ connector.

3. Place the tip of the MAD Nasal™ snugly against the nostril aiming slightly upwards and outward (towards the top of the ear):



- For volumes between 0.5 mL and 2.0 mL optimise drug absorption by delivering half the dose into each nostril (doubles the surface area available for absorption).

4. Briskly compress the syringe plunger to deliver the medication.

- If volumes of > 2 mL are required, an alternative route of administration should be sought.