



Drug Therapy Protocols: Sucrose 24%

Policy code	DTP_SUC_o822
Date	August, 2022
Purpose	To ensure a consistent procedural approach to sucrose 24% administration.
Scope	Applies to all Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless specifically mentioned.
Source of funding	Internal – 100%
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Review date	August, 2024
Information security	UNCLASSIFIED – Queensland Government Information Security Classification Framework.
URL	https://ambulance.qld.gov.au/clinical.html

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Sucrose 24%

August, 2022

Drug class

N/A

Pharmacology

Sucrose 24% is an oral, sterile, liquid preparation used as a short-term analgesic in infants. When small amounts of sucrose are placed on an infant's tongue it causes an increase of endogenous opioids resulting in approximately 5–8 mins of analgesia.^[1]

Metabolism

Mucosal absorption with hepatic metabolism.

Indications

- Short term procedural pain management (e.g. IV cannulation)
- Distress due to pain

Contraindications

- Patients greater than 12 months of age
- Sucrose intolerance
 - Congenital sucrase-isomaltase deficiency (CSID)
- Fructose intolerance
- Glucose–galactose malabsorption
- Concurrent muscle relaxant/paralysis therapy.

Precautions

- Nil

Side effects

- Hyperglycaemia

Presentation

- Twist-tip vial, 2 mL 24% sucrose

Onset	Duration	Half-life
Minutes	5–8 minutes	N/A

Schedule

- N/A

Routes of administration

Per oral (PO)



Special notes^[1-3]

- Ambulance officers must only administer medications for the listed indications and dosing range. Any consideration for treatment outside the listed scope of practice requires mandatory approval via the *QAS Clinical Consultation and Advice Line*.
- Sucrose 24% is a ready to use, single patient use preparation.
- Alternate support measures (e.g. breast feeding, appropriate positioning, distraction) should always precede oral sucrose administration.
- While oral sucrose is most effective in the neonatal population, evidence suggests it may provide some analgesia and calming effect in infants 6–12 months. After completion of a risk/benefit analysis, the QAS authorises the administration of sucrose 24% to paediatric patients 12 months of age or less.
- Oral sucrose is not considered appropriate for the management of continuing pain or distress.
- Oral sucrose to manage pain should be used in conjunction with analgesics (e.g. paracetamol, NAS fentanyl).

Adult dosages

Note: QAS officers are **NOT** authorised to administer sucrose 24% to adult patients.

Paediatric dosages^[1-3]

- **Short term procedural pain management (e.g. IV cannulation)**
- **Distress due to pain**



PO

Initial dose of sucrose 24% must be administered using the following scale:

Age	Dose	Drops
0–1 month	0.1 mL	2
2–12 months	0.5 mL	10

May be repeated once at 5 minutes.