Fentanyl is a narcotic analgesic 50-100 times more potent than morphine without significant cardiovascular side effects. In RSI, it has been found to blunt ICP rise and to reduce fasciculations caused by succinylcholine.

Indications and Administration

1. Decrease ICP and fasciculations during RSI or post-RSI sedation.
   a. **Adult** – 1mcg/kg up to 100mcg IV slow push, or MAD.
   b. **Pediatric** – 1 mcg/kg up to 50 mcg IV slow push, or MAD.
2. Severe orthopedic or spine pain.
   a. **Adult** – 100 mcg – 200 mcg IV or IO slow push or MAD. Maximum dose of 200 mcg without consultation with medical control.
   b. **Pediatric** – 0.5-2mcg/kg IV or IO slow push or MAD. May repeat after contacting medical control.
3. Chest pain not relieved by 3 doses of nitro, or in cases of hypotension.
   a. 50 mcg increments up to 200 mcg, IV, IO, MAD.

Notes

1. Fentanyl has a rapid onset and relatively short duration.
2. In situations when blood pressure effects of morphine are a concern, Fentanyl is the better choice.
3. Can cause respiratory depression that is reversible with Narcan.
4. High dose and fast rate of administration can lead to chest wall rigidity, particularly when fentanyl is given with midazolam. This rigidity can be reversed with naloxone, but may take up to 30 seconds after administration.
5. Fentanyl is preferred over lidocaine for pre-medication in RSI due to its shorter onset.