



EMS System for Metropolitan Oklahoma City and Tulsa 2026 Medical Control Board Treatment Protocols



Approved 9/17/25, Effective 1/15/26, replaces all prior versions

16Q – FENTANYL (SUBLIMAZE®)

PARAMEDIC

Class: Narcotic analgesic

Actions/Pharmacodynamics: Stimulates central nervous system opiate receptors, producing systemic analgesia. On a milligram weight basis, fentanyl is 50-100 times more potent than morphine. Its duration of action is shorter than morphine or hydromorphone. An IV dose of 100 mcg of fentanyl is roughly equivalent to an IV dose of 10 mg of morphine. Fentanyl has less emetic effects than other narcotic analgesics.

Indications: Chest Pain – Uncertain Etiology (5A)
Acute Coronary Syndrome (5C)
Snakebites (8E)
Abdominal Pain/Nausea/Vomiting/Diarrhea (9A)
Pain Management (Acute Onset & Chronic Type) (9D)
Eye Injury (10B)
Dental Injury/Pain (10C)
Chest/Abdomen/Pelvis Injury (10D)
Extremity injury/Amputation Injury (10G)
Compartment Syndrome (10J)
Crush Injury Syndrome (10K)
Burns (10L)
Lightning/Electrical Injury (11C)
Pelvic Pain (13E)
For all listed situations, indication is acute pain control in alert, hemodynamically stable patient.

Contraindications: Hypotension
Respiratory Depression
Minor Degrees of Pain
Pain Assessed as Factitious

Side Effects: Hypotension, respiratory depression, euphoria, dizziness. Nausea and/or vomiting are rarely seen if administration is slow IVP.

Pharmacokinetics: Onset of action nearly immediate after IV administration. Peak effects occur within 3 – 5 minutes. Duration of effect is 30 - 60 minutes, with a half-life of 6 – 8 hours.



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PROTOCOL 16Q: Fentanyl (Sublimaze®), cont.

Dosage: **Chest Pain – Uncertain Etiology – Adult (5A)**
Acute Coronary Syndrome – Adult (5C)
0.5 mcg/kg slow IVP/IM/IN, maximum single dose of 50 mcg
May repeat every 10 minutes to a maximum cumulative dose of 1.5 mcg/kg or 125 mcg, whichever is lesser

Snakebites – Adult (8E)
Abdominal Pain/Nausea/Vomiting/Diarrhea – Adult (9A)
Pain Management (Acute Onset & Chronic Type) – Adult (9D)
Eye Injury – Adult (10B)
Dental Injury/Pain – Adult (10C)
Chest/Abdomen/Pelvis Injury – Adult (10D)
Extremity/Amputation Injury – Adult (10G)
Compartment Syndrome – Adult (10J)
Crush Injury Syndrome – Adult (10K)
Burns – Adult (10L)
Lightning/Electrical Injury – Adult (11C)
Pelvic Pain – Adult (13E)

For all listed situations, indication is acute pain control in alert, hemodynamically stable patient.

1 mcg/kg slow IVP/IM/IN, maximum single dose of 100 mcg
May repeat every 10 minutes to a maximum cumulative dose of 3 mcg/kg or 250 mcg, whichever is lesser

Extremity/Amputation Injury – Pediatric (10G)
Burns – Pediatric (10L)
1mcg/kg up to 50 mcg per dose. Repeat dose(s) requires OLMC order.

Chest Pain – Uncertain Etiology – Pediatric (5A)
Snakebites – Pediatric (8E)
Abdominal Pain/Nausea/Vomiting/Diarrhea – Pediatric (9A)
Pain Management (Acute Onset & Chronic Type) – Pediatric (9D)
Eye Injury – Pediatric (10B)
Dental Injury/Pain – Pediatric (10C)
Chest/Abdomen/Pelvis Injury – Pediatric (10D)
Compartment Syndrome – Pediatric (10J)
Crush Injury Syndrome – Pediatric (10K)
Lightning/Electrical Injury – Pediatric (11C)
Pelvic Pain – Pediatric (13E)

For all listed situations, indication is acute pain control in alert, hemodynamically stable patient

****OLMC Order Only – Typical dose is 1 mcg/kg up to 50 mcg per dose.**

How Supplied: 100 mcg/2 mL (50 mcg/mL) ampule, vial, or pre-filled syringe
250 mcg/5 mL (50 mcg/mL) ampule or vial
500 mcg/10 mL (50 mcg/mL) vial
(Always check concentration and dose per container at time of patient medication administration)