

# SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 1103

## SUBJECT: MUCOSAL ATOMIZATION DEVICE

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### **PURPOSE:**

To define the indications and use of the Mucosal Atomization Device (MAD) in the prehospital setting by paramedic personnel.

### **AUTHORITY:**

Health and Safety Code 1797.220 and 1798

California Code of Regulations, Title 22, Division 9

### **OVERVIEW:**

In the absence of an established IV, intranasal is a rapid route offering a high level of bio-availability of the medication being administered. The intranasal route can reduce the risk of needlesticks while delivering effective medication levels.

The rich vasculature of the nasal cavity provides a direct route into the bloodstream for medications that easily cross the mucous membranes. Due to this direct absorption into the bloodstream, rate and extent of absorption are relatively comparable to IV administration.

### **INDICATIONS:**

Paramedic and Advanced EMT personnel may utilize the Mucosal Atomization Device (MAD) as an alternative drug delivery adjunct for patients without IV access who require urgent medication administration.

### **MEDICATIONS THAT MAY BE ADMINISTERED VIA INTRANASAL (IN) ROUTE:**

- A. Glucagon
- B. Naloxone (Narcan)
- C. Midazolam (Versed) – **5 mg/ml concentration required**

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**Effective Date: 07/01/2010**  
**Next Review Date: 06/2013**  
**Approved:**

**Date last Reviewed / Revised: 06/10**  
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**PROCEDURE:**

- A. Determine appropriate medication dose per applicable protocol.
- B. Draw up medication into a syringe using appropriate transfer needle.
- C. Purge air from syringe.
- D. Place mucosal atomization device on the end of the syringe and screw into place.
- E. Gently insert the atomizer into the nare. Stop once resistance is met.
- F. Rapidly administer the medication when patient fully exhales and before inhalation. **ADMINISTER ½ DOSE IN EACH NOSTRIL.**
- G. Do not exceed 1.0 ml per nostril.
- H. Evaluate the effectiveness of the medication, if desired effect has not been achieved, consider repeating and/or changing route of administration.

**CONTRAINDICATIONS:**

- A. Epistaxis.
- B. Nasal Trauma.
- C. Nasal Septal Abnormalities.
- D. Nasal Congestion / Discharge.

**PRECAUTIONS:**

- A. Nasal administration does not always work for every patient.
- B. Nasal administration is less likely to be effective if the patient has been abusing inhaled vasoconstrictors such as cocaine.

**CROSS REFERENCES:**

Policy and Procedure Manual

Advanced EMT Scope of Practice, Reference No. 802

Paramedic Scope of Practice, Reference No. 803

Restraint of Violent Patients, Reference No. 852

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Tachycardia with Pulses, Reference No. C-6

Bradycardia, Reference No. C-7

Respiratory Arrest, Reference No. R-2

Ingestions and Overdoses, Reference No. M-5

General Medical Treatment Protocol, Reference No. M-6

Altered Level of Consciousness, Reference No. N-1

Seizure, Reference No. N-2

Cold Stress Emergencies, Reference No. E-2

Pediatric Respiratory Arrest, Reference No. P-12

Pediatric Overdose and/or Poisoning, Reference No. P-22

Pediatric Altered Level of Consciousness, Reference No. P-24

Pediatric Seizure, Reference No. P-26