Government of Western Australia
North Metropolitan Health Service
Women and Newborn Health Service

ADULT MEDICATION GUIDELINE	
Fentanyl (Parenteral)	
Scope (Staff):	All WNHS Staff
Scope (Area):	Obstetrics and Gynaecology
This document should be read in conjunction with the Disclaimer.	

Quick Links

Dose	Administration	Monitoring	Pregnancy and Breastfeeding

Restrictions

Formulary: Restricted

Formulary: Unrestricted (Bupivacaine + Fentanyl Injection 20mL)

HIGH RISK Medication

Medication Class

Strong Opioid Analgesic

Presentation

Ampoule: 100 microg/2mL

Ampoule: 500 microg/10mL

Bag: 2000 microg/100 mL (20 microg/mL) in sodium chloride 0.9% (100 mL)

CADD: Fentanyl 2.5 microg/mL bupivacaine 0.0625% in sodium chloride 0.9% (250 mL)

Syringe: Fentanyl 5microg/mL bupivacaine 0.125% in sodium chloride 0.9% (20 mL)

Storage

Store at room temperature, below 25°C

Protect from light

Schedule 8 Medication

Dose

Refer to relevant **KEMH Clinical Guidelines** for appropriate dose regimes (see links below).

Administration

Refer to the Australian Injectable Drugs Handbook

IV Infusion

Preferred route; use pre-mixed products where available.

If premix product is not available:

To prepare an infusion:

Step1: Use 4 ampoules (500 microg/10 mL) = 40 mL (2000 microg in 40 mL)

Step 2: Dilute with 60 mL of sodium chloride 0.9% or glucose 5% (Total volume should be 100 mL with 2000 microg fentanyl in 100mL). This makes 20 microg/mL concentration

IV Injection

To give small doses, dilute 100 microgram fentanyl (2 mL) to 10 mL with sodium chloride 0.9% to make a concentration of 10 microgram/mL

Subcutaneous Injection and Subcutaneous Infusion

Suitable in palliative care patients

Intramuscular Injection

Suitable but not the preferred route. Injection is painful and absorption is variable.

Monitoring

Monitor sedation score and respiratory rate.

Renal impairment May be used in renal impairment when other opioids are inappropriate

Hepatic impairment Dose adjustment may be required in hepatic impairment

Elderly: Opioid dose requirement decreases progressively with age. There is an increased risk of adverse effects including cognitive impairment, sedation, respiratory depression and falls. Use a lower initial dose (eg 25–50% of usual adult dose) and titrate to effect.

Pregnancy

1st Trimester: Considered safe

2nd Trimester: Considered safe

3rd Trimester: Considered safe

Breastfeeding

Considered safe.

Use at the lowest effective doses for the shortest duration possible. Observe the breastfed infant for adverse effects such as excessive drowsiness, poor feeding or sleeping pattern changes

Related Policies, Procedures & Guidelines

HDWA Policies:

Schedule 8 Medicines Prescribing Code

Using the opioid conversion guide

FormularyOne:

Formulary One - Fentanyl

WNHS Policies:

High Risk Medicines

KEMH Clinical Guidelines:

Pain and Anaesthesia:

Neuraxial analgesia

Patient controlled intravenous analgesia (PCIA): Postoperative

Post anaesthetic Care Unit PACU

Palliative Care

KEMH Pharmaceutical & Medicines Management Guidelines:

KEMH Pharmaceutical & Medicines Management Guideline: Medication Administration

References

Australian Medicines Handbook. Fentanyl. In: Australian Medicines Handbook [Internet]. Adelaide (South Australia): Australian Medicines Handbook; 2025 [cited 2025 Nov 05]. Available from: https://amhonline.amh.net.au/

The Royal Women's Hospital. Fentanyl. In: Pregnancy and Breastfeeding Medicines Guide [Internet]. Parkville (Victoria): The Royal Women's Hospital; 2025 [cited 2025 Nov 05]. Available from: https://thewomenspbmg.org.au/

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