

INCIDENT INFORMATION			
PATIENT'S NAME	CHECKLIST COMPLETED BY (PROVIDER)	INCIDENT DATE (DD / MM / YY)	TIME (24 hr)

When the listed Indications are met, contraindications ruled out and conditions achieved, a Qualified Provider¹ may administer methoxyflurane (PENTHROX[®]) to patients requiring analgesia.

INDICATIONS FOR USE

- Patients requiring analgesia resulting from trauma ONLY and who meet the following criteria:
 1. Hemodynamically stable (sustained vital signs within normal limits); **AND**
 2. Alert, oriented and able to comply with instructions; **AND**
 3. 18 to 75 years of age

CONTRAINDICATIONS OF USE

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Current antibiotic use 2. Methoxyflurane use within the last 7 days 3. Malignant Hyperthermia (MH) or family history of MH 4. Previous hypersensitivity to methoxyflurane | <ol style="list-style-type: none"> 5. Pregnancy &/or breastfeeding 6. Muscular dystrophy 7. Liver &/or renal disease |
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CONDITIONS OF USE (ALL CONDITIONS MUST BE MET PRIOR TO METHOXYFLURANE ADMINISTRATION)

- Completed a Primary Assessment
- Provided and maintained all necessary critical interventions
- Activated the local emergency response system & notified EMS
- Conducted a targeted Past Medical History
- Obtained and recorded baseline vital signs including: LOR, RR, HR, SpO₂, Skin Temp. & Condition
- Ruled out contraindications
- Informed patient of beneficial effects and possible adverse effects
- Obtained patient consent
- Methoxyflurane is to be administered as outlined in PEAK's online APTP Training Manual

SIGNIFICANT CONSIDERATIONS

- A Qualified Provider should not administer more than 3 doses (3 ml per dose/ total of 9 ml) of methoxyflurane within a 12-hour period
- Qualified Providers must ensure that patients exhale through the PENTHROX[®] inhaler administered in a well-ventilated area
- Qualified Providers must ensure that the activated carbon chamber is utilized during all administrations

¹ Qualified Provider - an individual current in specific PEAK training.